United Nations E/ICEF/2018/P/L.19

Economic and Social Council

Distr.: Limited
31 July 2018

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 7 (a) of the provisional agenda*

Country programme document

Equatorial Guinea

Summary

The country programme document (CPD) for Equatorial Guinea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,390,000 from regular resources, subject to the availability of funds, and $13,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Equatorial Guinea has seen substantial socioeconomic progress in the past 15 years thanks to rapid economic growth in the oil sector, which accounts for 60 per cent of gross domestic product (GDP) and 80 per cent of fiscal revenue.[1] During this economic boom, the prevalence of monetary poverty decreased from 77 per cent in 2006 to 44 per cent in 2011, and the proportion of people living in extreme poverty declined from 33 to 14 per cent in the same period.[2] However, with the decline in oil prices, the GDP averaged negative growth from 2010 to 2016, with an estimated contraction of 4.4 per cent in 2017 and 8.5 per cent in 2018.[3] Equatorial Guinea is classified as an upper middle-income country but its 2015 ranking of 135 out of 188 countries on the human development index is low compared to countries with the same income per capita.[4]

2. The 2015 census estimated the population at 1.2 million, with 72 per cent living in the continental region and 28 per cent in the insular region. The population is young, with 43 per cent under age 18. The population doubled in the past 15 years and the rate of urbanization has accelerated, with an estimated 70 per cent of the population living in urban areas. Remarkable progress has been made in health infrastructure and access to services, but quality remains a challenge. The under-five mortality rate (U5MR) declined from 191 to 91 per 1,000 live births between 1990 and 2016,[5] which shows insufficient progress compared with other sub-Saharan African countries. The main causes of child mortality are related to preventable diseases such as malaria, acute respiratory infections (ARI), diarrhoea and AIDS. Neonatal mortality represents 50 per cent of infant mortality, with the main causes being low birth weight and neonatal sepsis.[6] The maternal mortality ratio decreased from 1,600 to 290 per 100,000 live births between 1990 and 2013;[7] however, one third of pregnant women do not deliver at health facilities.[8]

3. During the first phase of the National Economic and Social Development Plan, 2008-2012, known as Horizonte 2020, the Government made considerable efforts to improve the socioeconomic infrastructure, although investment in human capital has lagged behind, representing only 14 per cent of total government investments. The Government had planned to invest in social sectors, emphasizing the improvement of national capacity during the second phase of the plan, 2013-2020. The plan, however, is being reoriented to align with the 2030 Agenda for Sustainable Development and the African Union Agenda 2063, and will focus more on poverty reduction, social inclusion, environmental sustainability and economic diversification (industrialization and productivity).

4. The development of evidence-based national policies and plans is hampered by the ineffectiveness of information management systems. The Government is working to improve the availability of reliable and timely routine information on social indicators. However, epidemiological and social data are not systematically collected and updated. The Government has been working on a significant number of laws, policies, strategies and plans (family code, social protection legislation, a bill on customary marriage, a gender-based violence law, national health regulations, a

[1] International Monetary Fund, 2016.
[2] National report on the Millennium Development Goals, 2015.
[3] International Monetary Fund, 2018.
[4] United Nations Development Programme, *Human Development Report, 2016*, New York, 2016.
[5] UNICEF, Levels and Trends in Child Mortality Report, 2017, New York, 2017.
[6] Ministry of Health and Social Well-being, Ministry of Planning, Economic Development and Public Investment and ICF International, Demographic and Health Survey, 2011, United States.
[7] National Report on the Millennium Development Goals, 2015.
[8] Demographic and Health Survey, 2011.

national health development plan, national policies on child health and nutrition, and child health and malaria strategic plans), which have not yet been approved/ratified.

5. The national health system has some persistent challenges: 60 per cent of the population live within five kilometres of a health centre but there are significant disparities in access and quality of care. The Government guarantees financing for procurement of essential supplies, including cold chain equipment. Free services include immunization, growth monitoring and treatment of malaria, tuberculosis, HIV and AIDS. However, delays in the release of funds often lead to stock depletion and service disruptions throughout the health system.

6. According to the Multiple Overlapping Deprivation Analysis (MODA) 2014, up to 20 per cent of children under-five years of age show multiple deprivations in health and water, sanitation and hygiene (WASH), and 56 per cent do not have access to adequate food. A recent survey indicates that malaria affects 55 per cent of children under-five years of age in the continental region.[9] Diagnosis, treatment and outpatient care for malaria are free only on Bioko island where prevalence is low at 8 per cent, while the rate is 46 per cent in the continental region. Health promotion and community engagement remain limited, particularly knowledge and awareness of services and demand. Despite the high level of awareness of the dangers of malaria, only 62 per cent of children with fever attend a health centre. Health-seeking behaviour is also low in the case of diarrhoea (40 per cent) and ARI (54 per cent). According to the Demographic and Health Survey (DHS) 2011, important barriers to medical care for women include lack of money (56 per cent) and distance to a health centre (41 per cent).

7. A 2016 evaluation of the Expanded Programme on Immunization (EPI) found that only 24 per cent of all children under 12 months of age received all recommended vaccines, in contrast with the 1990s when the country had one of the highest immunization rates in sub-Saharan Africa. Recent data indicate some improvement in immunization, with coverage for three doses of pentavalent increasing from 36 per cent in 2016 to 47 per cent in 2017. Forty-five of the 65 vaccination units are adequately equipped, but the routine immunization system is affected by critical bottlenecks such as suboptimal epidemiological surveillance, inadequate data management and limited effective vaccine management. There is a clear need for an advanced EPI strategy to reach every community, reduce dropouts and strengthen community mobilization and demand creation. The Government currently finances all vaccine costs, but extra effort is required to secure financing of all EPI components (including cold chain management, vaccine distribution, training, etc.) in the national budget.

8. HIV prevalence is estimated at 6.2 per cent among people aged 15 to 49 years (8.3 per cent among women compared to 3.7 per cent among men); the highest rate is in West and Central Africa. Prevalence among adolescents and young people aged 15 to 24 years is 3 per cent (5 per cent in females and 1 per cent in males). In 2008, according to sentinel surveillance surveys, 7.3 per cent of pregnant women were living with HIV (4.4 per cent aged 15 to 19 years); the rate increased to 12.7 per cent, according to the sentinel surveillance data for 2015. Only 43 per cent of people living with HIV and AIDS receive treatment, and 90 per cent of pregnant women living with HIV receive antiretroviral treatment (ART) to prevent mother-to-child transmission (PMTCT). Only 16 per cent of children (0 to 14 years old) living with HIV receive ART. The main bottlenecks are limited decentralization of the HIV programme management, poor access to early infant diagnosis, limited family testing approaches, and insufficient uptake of HIV preventions interventions, due to limited

[9] Malaria Survey, Ministry of Health, 2017.

comprehensive knowledge of HIV and high levels of stigma and discrimination surrounding HIV and AIDS.

9. According to the DHS 2011, 26 per cent of children under-five years old are stunted and 3.1 per cent are wasted, while 10 per cent are overweight. Although 81 per cent of mothers initiate breastfeeding immediately after birth, only 7 per cent of children are exclusively breastfed for six months. The main diet, which was previously based on products from agriculture, fishing and hunting, now consists largely of processed and frozen products. This has resulted in micronutrient deficiencies, particularly of vitamin A, and anaemia in two thirds of children. This situation is linked with social and cultural norms, poor health promotion, the mother's educational level, diseases and low access to safe drinking water and sanitation.

10. Access to safe drinking water and sanitation facilities has shown some improvements; however, 22 per cent of urban households depend on unimproved water services. Access to at least basic drinking water services for rural households has decreased from 41 to 31 per cent. The country is characterized by a low open defecation rate estimated at 4 per cent. Nevertheless, only 57 per cent of households have access to hand-washing facilities. Seventy-two per cent of preschools and primary schools do not have access to drinking water while 90 per cent have latrines. The main bottlenecks are the lack of both a water and sanitation policy and a sustainable institutional and regulatory framework.

11. Access to preschool is free and compulsory, and each district and municipality in the country now has a preschool. Enrolment has increased significantly in the last 15 years. In the 2015-2016 school year, there were 51,824 students in 931 preschools, an increase of 23 per cent from the previous year, with an equal number of girls and boys. The rate of students attending preschool education is higher in urban areas (75 per cent) than in rural areas (25 per cent). The increase in preschool enrolment has been largely covered by the private sector, with 58 per cent of students enrolled in private schools. Only 8 per cent of preschool teachers are qualified, 19 per cent are volunteers and 93 per cent are female.

12. Primary education is free and compulsory for all children between six and 12 years of age. Data from the United Nations Educational, Scientific and Cultural Organization indicate a gross enrolment rate of 61 per cent in primary education for 2015, including children with disabilities. There is near gender equality (50.4 per cent boys and 49.6 per cent girls). In 2015, 102,812 students were enrolled in primary education, an increase of 10 per cent compared to the previous year. The repetition rate in primary education is high, with 17 per cent of students having repeated during the 2015-2016 school year (boys: 55 per cent; girls: 45 per cent), one third of them occurring in grade one. Fifty-nine per cent of all students are over-age for their grade level. The completion rate in 2016 was estimated at 72 per cent with gender parity. Only 51 per cent of teachers have received formal education and 55 per cent are male. The Ministry of Education is addressing this key bottleneck with a newly designed teacher training programme in partnership with the private sector and UNICEF.

13. Children face several protection issues. According to the DHS 2011, 54 per cent of births were registered with disparities between urban and rural areas (60 per cent/47 per cent) and the insular region compared to the continental region (73 to 47 per cent). Bottlenecks for birth registration include: absence of services at the district level (there are only eight centres at the provincial level, including a central registry at the Ministry of Justice); no civil registration and vital statistics (CRVS) system or custom of registering children at birth; and lack of training of registration staff at different levels. The number of adolescents and young people in conflict with the law has increased since the economic boom due to the lack of education and employment opportunities and substance abuse. Nine per cent of girls are married before age 15

and 30 per cent before age 18. Violence against women and girls is widespread, with 63 per cent of 15-year-old girls having suffered physical violence while 32 per cent of women report having been victims of sexual violence. According to the DHS 2011, 53 per cent of women agree that the use of violence by men towards their wives is justified.

14. An important lesson learned from the current programme is that the limited generation of new data and evidence on child rights issues has hampered both advocacy efforts for government approval of equity and gender-based policies and legislation and the ability to leverage resources for children. Regarding child protection, reviews of the current programme identified the need for systems strengthening and harmonization of policies and legislation focusing on birth registration, juvenile justice, child marriage and violence and exploitation against children and girls in particular.

15. UNICEF will use the comparative advantage of its mandate, field presence, position as a trusted Government partner, capacity to influence partners and position as United Nations lead in several joint programmes, to work on policy support and programme implementation through two interrelated programme components, one focusing on child protection and equity and the other on child survival, development and learning.

Programme priorities and partnerships

16. The United Nations Development Assistance Framework (UNDAF), 2019-2023 and the UNICEF country programme, 2019-2023 are fully aligned with the second phase of Horizonte 2020, which will be reoriented to focus on human capital development in the context of the Sustainable Development Goals and the African Union Agenda 2063. The country programme will contribute to UNDAF outcomes related to: quality basic services; a sustainable social protection system; national legislation in line with international standards; and an efficient governance system for the management of public resources.

17. After several years of economic transformation and focus on infrastructure development, the country has recognized the need to implement a more equitable social agenda in a constrained economic environment. This is an opportunity for UNICEF, through the proposed country programme, 2019-2023 to use its position as a leading advocate to place child rights at the centre of the national development agenda through policy advice, partnerships, public campaigns and support to social movements. The vision for the proposed programme of cooperation is to contribute to the realization of the rights of every child, especially the most marginalized and vulnerable, in line with national priorities, the 2030 Agenda, the Convention on the Rights of the Child and the UNICEF Strategic Plan, 2018-2021. The programme strategies include advocacy, policy support, capacity development and partnerships to accelerate results for children. The country programme will leverage South-South and triangular cooperation through knowledge exchange, sharing of good practices and bilateral agreements with the Central African Economic and Monetary Community, Community of Portuguese Language Countries and selected Latin American countries.

18. The programme of cooperation will include two integrated and interdependent programme components to optimize the synergy between policy advice and programme implementation. The child protection and equity programme will focus on policy, advocacy and system strengthening to address bottlenecks in the enabling environment. The child survival, development and learning programme will advocate that all children, particularly those in underserved areas, have equitable access to

quality health and education services, and will promote essential family practices through an integrated district approach.

19. In line with the common chapter of the Strategic Plan, 2018-2021 and other joint initiatives, the programme will strengthen joint programming and partnerships with other United Nations organizations – the United Nations Development Programme, the World Health Organization, the Food and Agricultural Organization of the United Nations, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund (UNFPA) – to address poverty and climate change; improve adolescent and maternal health; achieve gender equality and empower women and girls; and support greater availability and use of disaggregated data for sustainable development. The programme will leverage the resources of private sector bilateral and multilateral partners (the European Union and the World Bank) and bilateral partners for the social sector. The programme will develop innovative partnerships to generate and promote data and knowledge on child rights with civil society, including national and regional academic institutions, media organizations and youth movements.

Child protection and equity

20. This programme component has one outcome related to the establishment of a legal and regulatory framework fit for children: to improve the social well-being of the most vulnerable boys and girls through the development of equitable social and child protection systems and policies.

21. A major focus will be on generating and utilizing up-to-date, disaggregated data and research as the basis for advocacy for government adoption and implementation of equity-based laws, polices, strategies and plans, complemented by adequate budgetary allocations, in line with the changing focus of Horizonte 2020. Advocacy efforts will focus in particular on increasing investment and leveraging resources for critical social sectors (health and education), improving the efficiency of public spending (including through a public expenditure tracking survey) and putting children at the centre of the development agenda. UNICEF will support the development of an effective social protection policy and institutional framework, including a single registry system, and the piloting of a cash transfer programme for demonstration, learning and replication purposes. It will establish a national child protection system (birth registration, juvenile justice, prevention of violence against children) in line with international standards. In support of these efforts, the country programme will engage civil society organizations (CSOs) and social movements to improve social accountability and to better connect with adolescents and young people, including through social media, and will work to leverage resources for child rights through innovative financing with the private sector.

22. Because there has been no major household survey since the DHS 2011, UNICEF and UNFPA will support the completion of a major survey such as a DHS or the Multiple Indicator Cluster Survey (MICS) before the end of 2019 in order to establish a solid baseline. UNICEF will also support strengthening of routine data management systems for education, health, social protection and birth registration through capacity-building, including for alignment with international standards and methodologies, and the promotion of innovative tools in partnerships with academia, financial institutions (the World Bank, and the International Monetary Fund) and the United Nations system.

Child survival, development and learning

23. Despite an increase in service offer, quality and demand have not translated into faster paced reduction of child mortality, improved learning outcomes and a higher

rate of birth registration or other expected results for children. This programme component will therefore address inequalities of investments within the social sector, prioritizing the continental region (via the UNICEF field presence in Bata) and focusing on health and education system strengthening, modelling an integrated approach in selected underserved districts. This "child-friendly district" strategy will integrate services to promote sustainable quality, creating evidence to influence policy advocacy for national scale-up. It will also employ effective community engagement to create demand for quality services and promote essential family practices to strengthen community resilience. The integrated services will address the main causes of child morbidity and mortality and contribute to the regional key results for children related to immunization plus, birth registration and learning outcomes.

24. The programme will support the Government to ensure that health centres in selected districts are able to provide an integrated package of health services to the most vulnerable, including adolescent girls. The main interventions for improving access to quality health services in these districts will include: (a) immunization plus (integrating routine vaccination with services such as birth registration, vitamin A supplementation, deworming, screening for malnutrition and treatment for diarrhoea); (b) support for expansion of the national malaria programme to the continental region, focusing on prioritized districts for delivery of insecticide-treated nets (ITNs) and case management; (c) quality PMTCT services (expansion of option B+, improved paediatric treatment, early infant diagnosis, family HIV testing and integrating viral load analysis to improve case management); (d) HIV prevention, with specific focus on adolescents and young people through comprehensive interventions to empower and reduce their vulnerability while increasing their access to HIV prevention and sexual reproductive health services; and (e) promotion of improved nutrition practices (infant and young child feeding, micronutrient supplementation for pregnant adolescent girls, and behavioural change communication for improving dietary diversity for all young children and adolescents).

25. The education component will focus on supporting the Government to improve learning outcomes at preschool and primary levels and with a focus on adolescent girls who are still in primary school. UNICEF will advocate for quality learning for all children through curriculum review and learning assessments. The programme will also work to increase the number of qualified teachers by supporting the Ministry of Education to scale up the teacher training programme into a national policy framework for pre-service and in-service diplomas for preschool and primary school teachers. The programme will use the Child Friendly Schools Initiative as one of the main approaches to improve the learning environment, strengthen community participation in schools and raise awareness of climate change. The programme will provide schools in selected districts with girl-friendly WASH facilities, coupled with hand-washing promotion and menstrual hygiene management. Efforts at the national level to establish a national WASH standard for schools and institutions will complement this intervention. UNICEF will also advocate that pregnant teenage girls be allowed to continue their education.

26. In terms of generating demand for services, interventions will focus on: (a) strengthening and scaling up communication for social behavioural change through advocacy, awareness-raising dialogue at community levels and public campaigns and social movements and; (b) supporting caregivers, families and communities nationwide to adopt essential family practices through innovative communication tools, including traditional and social media.

Programme effectiveness

27. This component aims to ensure that the country programme is managed efficiently, that its components are well coordinated and that cross-sectoral interventions for gender, policy advocacy, emergency preparedness and response, behaviour change communication and monitoring and evaluation are well integrated. Achieving the programmatic outcomes will require strong coordination among different areas, especially between policy support and implementation, district-level coordination of services and an integrated, systemic approach to addressing the enabling environment, bottlenecks to access and demand and sociocultural norms.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child protection and equity	1 025	4 000	5 025
Child survival, development and learning	1 500	7 650	9 150
Programme effectiveness	1 865	1 350	3 215
Total	**4 390**	**13 000**	**17 390**

Programme and risk management

28. The United Nations country team (UNCT) and the Government will establish a policy steering committee, supported by a technical group, to provide strategic orientation to the UNDAF and monitor the contribution of the United Nations system to national development priorities and targets. In addition, the UNCT will establish thematic and working groups aligned with the UNDAF outcomes.

29. The main external risks relate to the global economy and its impact on Equatorial Guinea. Because the country is classified as an upper middle-income country, due to its oil-dependent economy, it is difficult to attract funds from traditional donors, even though the economy is vulnerable to the volatility of the international market. This presents a risk that the country programme may not reach its target for other resources. UNICEF will build on its strong partnership with the Government, which co-funds the programme of cooperation through the UNDAF, to maintain its financial support in spite of the current challenging economic context.

30. The programme's overarching mitigating strategies are creative resource mobilization and partnerships, including with the Government and private sector, and advocacy and policy dialogue focused on equity for children. This partnership will be supported by: (a) reinforcing collaboration with other United Nations organizations and bilateral and multilateral partners, including through South-South and triangular cooperation; (b) mobilizing and leveraging resources and capacities from bilateral agencies and multilateral institutions, including regional development banks; (c) garnering the support of UNICEF National Committees; (d) forging partnerships with academic institutions at national and regional level; and (e) strengthening links with the private sector. UNICEF will also explore alliances with youth movements using innovative tools and social media, particularly focusing on health, education and protection as a means of developing a broader movement for children in Equatorial Guinea.

31. The fast pace of population growth and urbanization has put additional pressure on the health and education system. The country's vulnerability to the potential outbreak of epidemics is a risk, which will be mitigated by strengthening routine

immunization and promoting good hygiene practices. An inefficient education system combined with limited economic growth and job creation could potentially foster youth unemployment and weaken social cohesion, increasing the number of out-of-school children and minors in conflict with the law. The programme will promote equitable access to quality education and innovative initiatives with adolescents and young people in sports, the arts and new technology. UNICEF will develop an emergency preparedness plan and, in case of an emergency, will collaborate with the Government, United Nations organizations and CSOs for resource mobilization and response.

32. This country programme document outlines UNICEF contributions to national results and serves as a primary accountability unit to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at country, regional and headquarters levels, with respect to the country programme, are prescribed in the UNICEF programme and operations policies and procedures.

Monitoring and evaluation

33. Monitoring and evaluation of the country programme is described in the results and resources framework, the Integrated Monitoring and Evaluation Plan and the costed evaluation plan. UNICEF will carry specific evaluations to document the effectiveness and efficiency of strategies and assess the scalability of district models as they relate to immunization, PMTCT, social protection schemes and child-friendly community models. In addition, the programme will conduct at least two major surveys (MICS/DHS in 2019 and 2023 and the Standardized Monitoring and Assessment for Relief (SMART) in 2019) during this cycle to establish a solid baseline and assess final results. The programme will support the development of national and district capacities for sector management information systems (education, health, social protection and birth registration) by strengthening administrative data processes and real-time data collection (the District Health Information System, RapidPro, U-Report). Other relevant studies and research will gather evidence to inform more inclusive policies.

34. The Ministry of Foreign Affairs and Cooperation and the Ministry of Finance, Economy and Planning are responsible for the overall coordination of the country programme, with key line ministries, departments and agencies implementing activities identified in the results and resources frameworks of the multi-year work plans. At mid and end year, the programme will be reviewed in line with the indicators and performance targets of the UNDAF and CPD. A midterm review of the country programme will assess the UNICEF contribution to the national development agenda.

Annex

Results and resources framework

Equatorial Guinea – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 2 to 40.

National priorities:

1. Strengthen human capital to improve the quality of life of the population of Equatorial Guinea (Sustainable Development Goals 2, 3, 4, 6);
2. Quality governance at the service of citizens of Equatorial Guinea (Sustainable Development Goals 1, 5, 10, 16, 17).

UNDAF outcomes involving UNICEF:

1.1. By 2023, the population of Equatorial Guinea has better access to -- and better use of -- basic quality services in health, drinking water, sanitation and education in an inclusive manner, with equity and the achievement of gender equality; the human resources in the social sector of Equatorial Guinea have acquired capacities for the development of sectoral programmes through capacity building in science, technology and innovation.

1.2. By 2023, Equatorial Guinea has a sustainable social protection system that meets the needs of vulnerable people (children, pregnant women, young people, the elderly and people with disabilities) through a regulatory framework and multi-sectoral programmes and projects.

3.1. By 2023, state institutions have harmonized national legislation in accordance with international law in order to contribute to the strengthening of the rule of law, through the modernization of the judicial system and through education in human rights.

3.2. By 2023, state Institutions have an efficient system for management of public resources based on standards, procedures, programmes and reliable data on public and economic policies based on evidence, which increase the participation of CSOs in the process of strengthening the effective functioning of state institutions.

Outcome indicators measuring change that includes UNICEF contribution: Under-five mortality rate; maternal mortality rate; poverty rate; social sector expenditure; HIV/AIDS prevalence; stunting rate; enrolment rate; gender parity in enrolment; and birth registration.

Related UNICEF Strategic Plan, 2018-2021 goal area: 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By end 2023, the social well-being of the most vulnerable boys and girls is improved through the provision of equitable social and child protection systems, policies and legislation fully harmonized with the	Percentage of children living in extreme poverty. B: 14% (2011) T: 7% (2023)	DHS/MICS/MODA	1.1. Evidence-based social policies, legislation, strategic plans and data systems are developed and adopted in line with equity-for-children principles, gender equality and risk-informed programming. 1.2. The national social protection system is strengthened and consolidated to address the needs and	Office of the Prime Minister Ministry of Finance, Economy and Planning	1 025	4 000	5 025
	Percentage of spending in education, health and social protection benefiting the poorest quintile. B: 14% (2016)	Public expenditures tracking Horizonte 2020 reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Convention on the Rights of the Child.	T: 30%		foster the resilience of the most disadvantaged families and empower adolescents. 1.3. A national child protection system (birth registration, juvenile justice, prevention of violence against children) is established and in line with international standards.	Ministry of Social Welfare and Gender Equality Ministry of Justice Parliamentarians United Nations organizations Private sector CSOs			
	Percentage of children living in households that receive any type of social transfers. B: N/A T: 14%	Evaluation of social protection programme					
	Proportion of children under five years of age whose births have been registered with a civil authority, by age. B: 54% (2011) T: 85 %	Service statistics DHS/MICS					
2. By 2023, boys and girls, especially the most disadvantaged and vulnerable, have better and more equitable access to and use of basic social services (health, HIV, nutrition, WASH, education and early childhood development), including in emergency situations.	Percentage of children vaccinated for diphtheria/tetanus/pertussis (DTP) 3/Penta 3. B: 48% (2017) T: 80%	EPI evaluation reports	2.1. Health centres in selected districts are able to provide an integrated package of health services (health, nutrition, HIV, immunization plus) to the most vulnerable, including adolescent girls. 2.2. Young children, boys, girls and adolescents are able to access early learning, gender-equitable, inclusive learning outcomes in a safe and clean environment in line with early childhood development and child-friendly school approaches. 2.3. Households and communities in selected districts promote child-friendly practices to improve inclusive and equitable survival, development and protection for girls, boys and adolescents.	Ministry of Health Ministry of Education	1 500	7 650	9 150
	Number of districts with at least 80% coverage of DTP3/Penta 3. B: 4/18 Target: 14/18	Ministry of Health statistics					
	Percentage of children under five years of age that are stunted. B: 26% (2011) T: 15%	DHS/MICS SMART					
	Percentage of the 15 to 24-year-old population that is HIV positive (disaggregated by sex). B: 5% girls/1% boys T: 3% girls/0.5% boys Paediatric ART coverage. B: 16% T: 50%	Global AIDS Monitoring Report					
	PMTCT coverage. B: 90%						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) RR	OR	Total
	T: 95%						
	Percentage of primary school age children who are out of school. B: N/A T: 10%	Ministry of Education statistics					
	Percentage of primary school children showing improvements in learning outcomes. B: 72% (2016) T: 85%	Ministry of Education statistics					
	Percentage of households that declare having adopted key essential family practices. Exclusive breastfeeding: B: 7% T: 30% Hand-washing: B: 57% T: 70% Sleeping under ITN: B: 23% T: 50% Adolescent knowledge of HIV/AIDS: B: 57% girls; 61% boys T: 90%	Knowledge, attitude and practice survey MICS/DHS					
3. By 2023, programme coordination, partnerships, performance management and monitoring strengthened.	Percentage of direct cash transfers > nine months. B: < 1 % T: < 1 %	Harmonized approach to cash transfer reports	3.1. Staff and partners are provided guidance, tools and resources to effectively design, monitor and manage programmes. 3.2. Staff and partners are provided tools, guidance and resources for more effective advocacy, communication and partnership on child rights.	United Nations organizations UNICEF regional office and headquarters Implementing partners	1 865	1 350	3 215
	Number of initiatives that engage civil society partners and/or coalitions to advocate together with UNICEF for children. B: five programme cooperation agreements (PCA) signed per year T: eight PCAs/year	Virtual Integrated System of Information and Results Assessment Module reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Business operation strategies implemented. B: No T: Yes	UNCT Reports					
	Fundraising per year. B: $1,500,000 T: $2,600,000	Vision reports					
Total resources					**4 390**	**13 000**	**17 390**

United Nations E/ICEF/2018/P/L.20

Economic and Social Council

Distr.: Limited
31 July 2018

Original: English
English, French and Spanish only

United Nations Children's Fund
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Country programme document

Senegal

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18-13069 (E) 100818

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Programme rationale

1. The situation of children in Senegal has improved over the last decade, especially child survival. With an ambitious new national development plan, the Plan for an Emerging Senegal, in place since 2014, economic growth has surpassed 6 per cent, but the country still faces high unemployment, especially among youth, and persistent high poverty rates, estimated at 46.7 per cent in 2011. Every second household with children lives in poverty, with one third of children experiencing both monetary and multidimensional deprivations in basic social services. These challenges are compounded by population growth, estimated at 2.5 per cent annually. Children represent 48 per cent of the total population and one third of all children are under five years of age.

2. Senegal has made significant progress in child survival and development (CSD); between 2000 and 2016, the under-five mortality rate declined from 134 to 47 per 1,000 live births, thanks to better access to health services. Seventy per cent of children aged 12 to 23 months are fully immunized (Demographic and Health Survey (DHS), 2016), and malaria prevalence has been reduced from 17 to 4 per cent. The prevalence of stunting among children under-five decreased from 27 to 17 per cent between 2010 and 2016, although six of the country's 14 regions have rates above 25 per cent. The rate of mother-to-child transmission (MTCT) of HIV declined from 30 per cent in 2006 to an estimated 17 per cent in 2016. Access to safe water has improved significantly, with 80 per cent of households having access to an improved water source in 2016, and the rate of open defecation decreased from 38 per cent to 29 per cent between 2012 and 2016.

3. Nonetheless, challenges remain. Sixty-six per cent of children aged 6 to 59 months are anaemic and management of acute respiratory infections, diarrhoea and paediatric HIV are suboptimal. The maternal mortality ratio remains high at 315 per 100,000 live births (2015), as does the neonatal mortality rate, at 21 per 1,000 live births (2016). Causes include multiple pregnancies (fertility rate of 4.7), early pregnancies (affecting 15.6 per cent of girls 15 to 19 years old) and low rates of deliveries assisted by a skilled birth attendant (59 per cent) and post-natal care, with 41 per cent of newborns not receiving any post-natal care in 2016 (DHS). Access to improved sanitation remains low at only 51 per cent, with an almost two-fold difference between urban and rural areas.

4. Government budget allocations for health hover between 8 and 9 per cent of the total budget, far from the 2001 Abuja Declaration target of 15 per cent. Out-of-pocket costs represented 44 per cent of health expenditures in 2015. Although the Government introduced universal health-care coverage and provision of free health care for children under five in 2013, less than half the population was covered by health insurance in 2017.

5. Significant gaps persist in the quality of health care. Staff are inadequately trained and distributed unequally throughout the country, and despite recent improvements in the supply chain, stock-outs of essential medicines and commodities still occur. Families have difficulty accessing and utilizing services because of cost, distance and lack of knowledge and care-seeking behaviour in critical areas, such as treatment of common childhood infections, maternal health and child nutrition. Persistent gender inequalities and adverse sociocultural beliefs and practices, including late initiation of antenatal care and women's limited decision-making power, are also contributing factors.

6. Over 1.5 million school-age children were out of formal education in 2016, including a significant proportion of children enrolled in Qur'anic institutions, which operate largely outside the formal education system. Girls have better access to education at preschool and primary levels compared to young boys, who are often sent to the Qur'anic schools or to work. However, girls have a lower rate of transition to secondary education due to gender- and school-based violence and discrimination, including early marriage and pregnancy. Pre-primary enrolment is low at 17 per cent, with significant income and regional disparities. Only about 62 per cent of children complete the primary education cycle, with an increase of merely three percentage points over the last decade; however, only 37 per cent complete a full cycle of basic education.

7. While absorbing one fourth of the national budget, the education sector faces the challenge of meeting high demand for quality education against a background of constrained governance systems, imbalances in allocation of resources between national and decentralized budgets, poor learning outcomes and low achievement rates. In 2014, only 54 and 59 per cent of children met the minimum thresholds for reading and mathematics, respectively, at the end of primary school. Contributing factors are the shortage, inequitable distribution and low retention of qualified teachers, and curricula and programmes that do not always address adequately local values, needs and contexts.

8. The Government adopted the National Child Protection Strategy in 2013; however, the sector faces persistent challenges. The birth registration rate has stagnated at 70 per cent since 2012, and there is no national civil registration plan. Child begging, including its child trafficking dimensions, has become a national issue; in 2014, an estimated 30,000 children, mostly boys, were begging daily in the streets of Dakar. An estimated 14 per cent of girls under 15 have undergone female genital mutilation/cutting (FGM/C) and, in 2016, 31.5 per cent of women 20 to 24 years old were married by age 18.

9. Violence against children is widespread, although not documented consistently. Major bottlenecks to improving the protection of children include persistent harmful social and gender norms. Other factors are insufficient access to protection services, coupled with their low quality and inequitable distribution; lack of resources for the sector; poor law enforcement; and absence of a routine information management system, as noted in the 2016 concluding observations of the Committee on the Rights of the Child on the State party report of Senegal.

10. The 2016 gender assessment of the country programme showed important gender inequalities and interlinkages between school dropout, child marriage, early pregnancy and other harmful practices affecting girls, such as FGM/C. Adolescents, especially girls, have limited access to life-skills education, reproductive health services, proper menstrual hygiene or information about HIV prevention. Harmful social norms and women's lower status contribute to maintaining negative behaviours towards women and children, including violence against women.

11. The Government has made important advances in social protection. A second-generation Social Protection Strategy, approved in 2017, is expected to improve coverage for various groups, with the ultimate aim of a minimal social protection floor. Coverage has also increased, with the Government introducing a national common registry to better target social assistance and, since 2013, a national flagship cash transfer scheme, currently reaching 22 per cent (350,000) of all households, which aims to improve education, vaccination and birth registration. While the Plan for an Emerging Senegal, now in its second phase, will continue its strong focus on

social protection and human capital development, structural changes in the social sectors are needed, with adequate and sustainable financing, and more inclusive economic growth that enables sustained reduction of poverty and inequality and meets the strong demand for social services.

12. Senegal is prone to chronic and seasonal vulnerabilities, mostly due to climate change. Drought affects the northern, central and eastern regions, causing food and nutritional insecurity, putting young children and pregnant/lactating women at risk of acute malnutrition. Flooding is more prevalent in the urban areas of the western and central regions during the rainy season: at least 150,000 people are at risk of being affected by flooding every year and 20,000 at risk of epidemics.

13. Past cooperation has shown the importance of investing in data and information systems within different sectors. Under the previous country programme, 2014–2018, the health sector benefited from significant investments in data collection through regular household surveys, supported by UNICEF and other partners, which generated data for monitoring of progress and review of strategies and result-oriented programmes at all levels.

14. In recent years, intersectoral approaches have shown promising results. These include water, sanitation and hygiene (WASH) interventions in nutrition programmes, birth registration as part of maternal and child health services, and child protection in schools. If multisectoral or integrated approaches are to be scaled up, sectoral roles have to be clarified and guidance included in national policies and strategic plans.

15. The new country programme will capitalize on lessons learned through more systematic use of data, knowledge and evaluation findings to deliver results for children. It will strengthen integrated approaches, with a focus on early childhood development (ECD), and actively pursue UNICEF regional key results for children in relation to immunization, stunting, open defecation, birth registration, prevention of violence and access to education. These combined interventions will be implemented and closely monitored in the five regions of Kaffrine, Kedougou, Kolda, Sedhiou and Tambacounda, which have the overall lowest child indicators.

16. UNICEF will increase attention towards the second decade of life, focused on preventive health-care services, menstrual hygiene management, treatment of anaemia and malnutrition in girls, girls' transition to secondary schooling, girls' skills development and management of risks, such as early marriage, violence, early pregnancies or HIV, as well as youth engagement and participation. UNICEF will implement this package of interventions in the regions of Kolda and Tambacounda, and in a peri-urban department of Dakar, to ensure adequate quality implementation.

17. The programme will use the comparative advantage of the UNICEF integrated approach to child development, strategic sectoral partnerships and convening power, experience of interventions at subnational levels and policy dialogue to develop innovative models and leverage support for scaling up through four components: CSD; early learning and quality basic education; child protection; and equity, governance and social policies.

Programme priorities and partnerships

18. The UNICEF country programme is anchored in two of the three axes of the Plan for an Emerging Senegal: (a) human capital, social protection and sustainable development; and (b) governance, institutions, peace and security. The programme is aligned with the UNICEF Strategic Plan, 2018–2021 and will contribute to four of

the seven outcomes of the United Nations Development Assistance Framework (UNDAF), 2018–2021. It will give special consideration to strengthening United Nations coherence, in particular through operationalization of the common chapter of the UNICEF Strategic Plan as relevant to national priorities.

19. The country programme will support the Government in providing all children, especially the most vulnerable, access to quality basic social services and social protection in order to develop their full potential to participate actively in society.

20. The underlying assumptions are that institutions will adhere to and implement a more integrated, equitable approach to the delivery of quality services, and that the Government will ensure the enforcement of the laws regarding children's rights. Another important assumption is that economic growth will continue for the next five years, but will be more inclusive and thereby propel the sustained reduction of poverty and inequality.

Child survival and development

21. This component will support interventions in health, HIV/AIDS, nutrition, WASH and ECD, and reinforce integration and multisectoral collaboration that contribute to women's health and the survival and development of newborns, children, adolescents, girls and boys, in particular the most disadvantaged, with integrated intervention packages defined by age group.

22. UNICEF will contribute to evidence generation and provide policy support to the development of the next national Health Development Plan, 2019–2028 and its implementation. This will include strengthening the District Health Information System (DHIS) and child-sensitive programme budgeting to increase universal health coverage in line with the Health Financing Strategy. The programme will advocate for progressive increases of national budget lines to cover procurement of essential commodities and will support strengthened supply-chain management. The programme will build on the Reproductive Maternal, Newborn, Child and Adolescent Health Plan, 2016–2020 to support national and regional-level planning and capacity enhancement to improve the quality of high-impact interventions, utilization of services and adoption of healthy behaviours, focused on neonatal health and standards-setting.

23. The programme will further increase the high rate of immunization coverage, focused on equity and sustainability, using immunization as an entry point for other interventions such as birth registration. In line with the National HIV Strategic Plan, UNICEF will support integration of the prevention of MTCT and paediatric HIV care programmes at subdistrict level and the introduction of innovative point-of-care for early infant HIV diagnosis towards elimination of paediatric HIV and AIDS.

24. In the context of regional efforts to reduce stunting and the National Multisectoral Nutrition Strategy, 2018–2022, the programme will support improved access to and utilization of high-impact nutrition interventions by children under five, adolescents, and pregnant and lactating women, and promote optimal nutrition behaviours, focused on the first 1,000 days of life. It will support management of severe acute malnutrition. Health and nutrition structures will be strengthened to expand the coverage and quality of integrated ECD interventions.

25. The WASH subcomponent will strengthen institutional capacity to create a favourable environment for innovative financing and the strengthening of coordination and monitoring mechanisms for sanitation and water quality, in order to

support the use of equitable, gender-responsive, sustainable WASH services by children, adolescents and women. The Community-Led Total Sanitation strategy will be implemented in selected regions, with a particular focus on hand-washing with soap and ending open defecation, and will integrate menstrual hygiene management for women and girls in communities and schools.

26. Communication for development (C4D) will promote the adoption of positive family practices and social norms in favour of ECD and adolescent and women's health at the community level. Efforts will emphasize dialogue and participatory methods to increase the engagement and ownership of individuals, families and communities seeking and using services so they can find sustainable local solutions.

27. UNICEF will work with the Ministry of Health and Social Action, the Ministry of Hydraulics and Sanitation, the Ministry of National Education, the National Committee for the Fight against Malnutrition, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund, the World Food Programme (WFP), the World Health Organization (WHO), the World Bank, bilateral partners, particularly the French Development Agency (AFD), the Government of Italy and the United States Agency for International Development (USAID), and civil society and communities.

Early learning and quality basic education

28. This component will support national efforts to implement the Education Sector Plan, which envisions significant reforms, including ensuring that all children participate in at least one year of pre-primary education, and introduces a 10-year basic education cycle that is more inclusive and fosters improved learning outcomes for all children.

29. In collaboration with the Ministry of National Education, line ministries, authorities at subnational level and local communities, including Qur'anic institutions, the programme will support the development of innovative models to facilitate the reinsertion of out-of-school children in education programmes in underserved and poor-performing regions. The programme will support girls' transition to lower secondary education and help address the bottlenecks impeding effective participation and learning of girls and boys, focused on violence prevention, reducing opportunity costs and promoting positive social norms and gender-sensitive school environments in collaboration with the Government of Canada. To enhance learning outcomes, the programme will support the review and implementation of teaching and learning standards, strengthen teachers' management strategies and facilitate learners' acquisition of foundational skills, particularly in early grades, in collaboration with USAID.

30. The programme will strengthen management, planning and monitoring capacities, from national and decentralized authorities to school management bodies, particularly through enhanced information systems and standard-setting interventions, to improve school performance and mainstream accountability throughout the education sector. Partnerships will be critical to improve sector governance, including with AFD and the United Nations Educational, Scientific and Cultural Organization (UNESCO), in order to strengthen the Education Management Information System and introduce innovative tools. UNICEF will continue to support sector coordination and education sector planning processes, and emphasize partnerships, including with civil society, for evidence generation and advocacy, and to generate demand where participation is low.

Child protection

31. The programme will focus on building a protective environment for children, in particular girls, against violence, abuse and harmful practices, and on promoting birth registration. In its efforts to address key determinants, UNICEF will support strategic interventions, including: (a) evidence generation; (b) strengthening routine information systems; (c) communication for behavioural and social change, including community mobilization to promote positive social norms and help break the silence on harmful practices; (d) advocacy for child protection mainstreaming in policy development and implementation; (e) building capacities for delivery of quality protection services to child victims of violence and abuse in selected areas of intervention; and (f) building partnerships between the civil registry and the health and education sectors. UNICEF will focus on strengthening national coordination, planning, budgeting and monitoring capacities, and consolidating sectoral commitments and policies for child protection, along with multisectoral coordination mechanisms. Innovations such as the Rapid Pro open-source platform for information sharing will strengthen monitoring, reporting and advocacy.

32. The programme will work with the Ministry of Good Governance and Child Protection, sectoral ministries in charge of key services that contribute to protection (justice, health and social welfare, education, civil registration, juvenile justice), and local authorities, including district-level child protection committees and civil society organizations. It will engage with UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on harmful practices against girls, UNESCO on violence in schools, the United Nations Office on Drugs and Crime (UNODC) and Office of the United Nations High Commissioner for Human Rights (OHCHR) on child begging, the Spanish Agency for International Development Cooperation, the African Union and the European Union on civil registry and vital statistics, and bilateral and multilateral partners and international non-governmental organizations (NGOs).

Equity, governance and social policies

33. This component aims to contribute to reducing poverty, vulnerability and inequity in access to basic social services for children and adolescents. It will focus on improving coverage and quality of social protection for children, in support of the national safety net system and cash transfer programme for the extremely poor; bolstering monitoring and evaluation of the impact and performance of public policies and resources for children in order to advocate for better efficiency and effectiveness of public spending and to promote innovative financing mechanisms for the social sectors; and ensuring that the decentralization reform initiated in 2014 meets the needs of children through local plans and budgets. Key to success will be partnerships with the International Monetary Fund, the World Bank and the European Union.

34. UNICEF will support the Ministry of Economy, Finance and Planning and line ministries in building capacity for improved programme-based budgeting in favour of children and adolescents, especially in social protection, health, education and child protection, and in support of public finance reform. UNICEF will work jointly with the United Nations system to help the Government set up the Sustainable Development Goals monitoring system.

35. This component will promote the empowerment of adolescent boys and girls as actors in inclusive socioeconomic development by fostering gender equality and the

environmental sustainability of their communities through increased participation in local-decision-making, skills development for employability and greater civil engagement. UNICEF will reinforce strategic partnerships with USAID, the World Bank and NGOs in support of child and adolescent-centred decentralization reforms.

Programme effectiveness

36. This cross-sectoral component will ensure that the country programme is implemented effectively and coherently to reach the most vulnerable children and adolescents. It will comprise planning, monitoring, risk management, multisectoral and intersectoral coordination (focused on gender, ECD, adolescents and disability programming). Enhanced supply and budget management, resource mobilization and emergency preparedness will support programme effectiveness. The principles of human rights, equity, gender equality, sustainability and resilience will be respected throughout the country programme.

37. External communication, advocacy and C4D will promote building of alliances and strategic partnerships with all duty bearers at community, local, regional and national levels to promote social change, especially on gender norms, and create opportunities for external audiences to support the cause of children. The programme will support the engagement of the most marginalized children and adolescents so they can develop the skills to understand issues affecting their communities, have their voices heard on public platforms and take transformative action to drive positive change.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	9 000	15 000	24 000
Early learning and quality basic education	6 000	12 500	18 500
Child protection	6 500	10 500	17 000
Equity, governance and social policies	6 500	2 500	9 000
Programme effectiveness	5 900	500	6 400
Total	**33 900**	**41 000**	**74 900**

Programme and risk management

38. The country programme workplans and associated indicators will be aligned closely to the joint United Nations workplans and the national priority action plans, and with the national coordinating mechanism for the Plan for an Emerging Senegal, including through general and sectoral joint reviews. Within the UNDAF programme management team, UNICEF will chair the results group on basic social services and social protection. This alignment will reinforce joint planning, implementation and resource mobilization in support of key development priorities.

39. Among the critical risks are the potential inability to respond to continued pressure for the provision of quality social services in a context of constant population

growth, underresourced decentralization reform and the slow pace of institutional and legal reforms. UNICEF will manage these risks through strong partnerships with government bodies, civil society and other United Nations organizations working on the demographic dividend, human rights and governance.

40. Another area of risk is related to inadequate coherence and coordination in the area of child rights, with many actors competing for resources. Key to mitigating this risk are multisectoral approaches and integrated/joint work planning and implementation with major stakeholders and partners, including within regional and subregional initiatives and alliances.

41. A challenging aid coordination environment and insufficient financial resources could hinder programme outcomes. UNICEF will work with other development partners to mobilize resources for children and to support the Government by monitoring official development assistance, identifying fiscal space, improving efficiency of spending and supporting innovative financing.

42. UNICEF will use early warning mechanisms to monitor and adequately prepare services and communities to manage climate change and human-induced risks. It will strengthen the capacities of national institutions to establish surveillance and alert systems, especially on WASH and nutrition, and resilience and risk reduction systems at community level, by repositioning supplies and ensuring access to financing mechanisms to quickly respond to any disruption of services. UNICEF will set up mechanisms to monitor changes and review risks throughout the programme cycle, and will enhance partnerships through the recalibrated United Nations Integrated Strategy for the Sahel and strengthening of the humanitarian/development nexus.

43. In order to enhance programme quality, efficiency and effectiveness, the country office will strengthen its programme implementation monitoring system, including the harmonized approach to cash transfers quality assurance system. The zonal office in Kolda will play a critical role in programme monitoring within regions of UNICEF focus to ensure quality programme implementation.

44. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

45. The programme period will see important strengthening of the monitoring and evaluation function within the United Nations country team under the UNDAF through the task force on the Sustainable Development Goals and the monitoring and evaluation group. Joint efforts will support the Government to enhance national statistical capacities for data collection, monitoring, reporting and analysis for decision-making, and strengthen the harmonized framework for monitoring and evaluation of the national development goals.

46. Another major shift will take place in sectoral data collection, analysis and reporting through greater attention to local data platforms and use of technology for real-time integrated data collection, including in emergencies, to allow better monitoring and analysis of the situation of children for decision-making.

47. UNICEF will contribute to strengthening capacity for collection, analysis and reporting of administrative data, from local to national level, and the production of disaggregated statistical data by line ministries, to improve planning and budget programming. It will provide continued support to major national surveys, such as the DHS, through planning and analysis of survey data. Special needs assessments will help inform programming for most-at-risk groups, especially adolescent girls or children with disabilities.

48. UNICEF will conduct major evaluations jointly with other development partners to inform ongoing and future policies and programmes, and it will focus on evaluating the impacts for disadvantaged children and equity outcomes from: (a) the integrated approach to ECD; (b) UNICEF support to the implementation of the National Education Sector Plan; (c) the contribution of the child protection programme to strengthening the national child protection system; and (d) UNICEF interventions in support of adolescent empowerment and employability.

Annex

Results and resources framework

Senegal – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 2, 3, 5–11, 13, 17–32, 34. **National priorities:** Sustainable Development Goals 1, 2–6, 10, 11, 13, 17. **Emerging Senegal Plan, 2035**: 2. Human capital, social protection and sustainable development; 3. Governance, institutions, peace and security.
Draft UNDAF outcomes involving UNICEF: **4.** By 2023, institutions in charge of education and training implement policies in an effective and efficient manner to ensure that the most vulnerable children and populations have access to provisions of quality education and training services. **5.** By 2023, the most vulnerable populations have better access to integrated quality services in health, nutrition, water, hygiene and sanitation. **6.** By 2023, the most vulnerable populations benefit from improved social protection and protection against violence and harmful and discriminatory practices. **7.** By 2023, national and local institutions improve quality and equity in the provision of public services for the promotion of peace, security and the effectiveness of governance. **Outcome indicators measuring change that reflect UNICEF contribution:** 4.1. Number of education and training strategies implemented targeting children, adolescents and youths; 4.2. Proportion of education and training institutions implementing education and training programmes and curricula better adapted to the expectations of target audiences, and sustainable development needs; 4.3. Number of innovative initiatives and models, including in health, education and school feeding, integrated into the national education policy and implemented; 4.4. Primary school completion rate. 5.3. Percentage of children receiving first measles-containing vaccine at national level; 5.4. Prevalence rate of chronic malnutrition of children under 5; 5.5. Access rate to sanitation (urban, rural); 5.6. Antiretroviral coverage rate per target group living with HIV (including pregnant women and children). 6.1. Percentage of individuals who received transfers and services through priority social protection programmes/floor; 6.2. Proportion of population covered by health insurance programmes, maternity benefits, old-age pensions and insurance against accidents at work; 6.3. Proportion of men and women who wish to abandon the practice of FGM/C; 6.4. Number of victims of violence and abuse/harmful practices having access to a health service, social service, psychosocial assistance or a judicial service; 6.5. Texts at national level harmonized or adopted in accordance with the international conventions signed and ratified by Senegal. 7.4. Percentage of children under five having their birth registered at the civil registry; 7.5. Percentage of regions with integrated system for collecting, processing and disseminating territorial information.
Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1. Every child survives and thrives; 2. Every child learns; 3. Every child is protected from violence and exploitation; 4. Every child lives in a safe and clean environment; and 5. Every child has an equitable chance in life.

UNICEF outcomes[1]	*Key progress indicators, baselines*[2] *(B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Women and newborns, children under 10 and adolescents make optimal use of quality, adapted health, nutrition, WASH and HIV/AIDS services, and a package of interventions for integrated ECD.	Percentage of children under five who are stunted (national/intervention regions). B: 17% T: 13%	DHS	1.1. The national and institutional capacities of the health, nutrition and WASH sectors are strengthened in terms of enabling environment, results-based management, gender and equity. 1.2. Health facilities are strengthened to provide quality integrated services for pregnant and breastfeeding women, newborns, children and adolescents, including in emergencies. 1.3. Mothers, children, families, communities, including the most vulnerable, and social change stakeholders take ownership of the integrated and quality package of community-based interventions for ECD and survival. 1.4. Health services, HIV/AIDS, nutrition and adapted WASH are accessible to adolescents, especially the most vulnerable.	Ministry of Health and Social Action, Ministry of Hydraulics and Sanitation, National Committee for the Fight against Malnutrition, UNAIDS, UNFPA, WFP, WHO, the World Bank AFD, Government of Italy, USAID NGOs	9 000	15 000	24 000
	Percentage of children < 1 year receiving measles-containing vaccine (national/rural/urban). B: 80.6% (rural 78.4%, urban 85.5%) T: 90% (rural and urban)	DHS, DHIS2					
	Percentage of children receiving early stimulation and responsive care from parents/caregivers (targeted areas). B: (data available in 2019) T: TBD	DHS					
	Proportion of the population practicing open defecation in rural areas (national/intervention regions) B: 29% T: 16%	DHS					
	Percentage of pregnant women living with HIV who receive antiretroviral treatment for prevention of MTCT. B: 55% T: 90% (2020)	DHS					
2. Children of school-going age (3 to 16 years), particularly the most vulnerable, have access to quality education services and complete a full cycle	Gross enrolment ratio in pre-primary education (national/ target areas). B: 17.5% (boys: 16.3%; girls: 18.7%) T: 40% (boys and girls: 40%)	Administrative data	2.1. Public schools provide a learning environment that is conducive to children's holistic development, and implement interventions that support the enrolment, inclusion, retention and	Ministry of National Education, and Ministry of Good Governance and Child Protection.	6 000	12 500	18 500

[1] All outcomes by end 2023.

[2] All values are at national level unless specified.

UNICEF outcomes[1]	*Key progress indicators, baselines*[2] *(B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
of basic education with improved learning outcomes.	Primary education completion rate (national/target areas). B: 61.8% (boys: 55.2%; girls: 68.8%): T: 74% (boys: 68%; girls: 79%)	Administrative data	reinsertion of the most vulnerable children. 2.2. The quality of education delivered through public schools is enhanced through improved teaching and learning, the development of more diversified pathways in the formal education system and the implementation of robust learning and competency standards inclusive of life skills. 2.3. Planning and management capacities of national and decentralized entities, including school communities, are strengthened to improve schools' performance and resilience, mainstream accountability across the education sector and transform resources into greater results for schools, learning outcomes and most vulnerable children.	UNESCO, WFP. AFD, USAID, the World Bank, Global Partnership for Education, Government of Canada, NGOs.			
	Rate of out-of-school children of primary and lower secondary school age (national/target areas). B: 39% T: 20%	DHS					
	National exam pass rates at the end of primary education (national / target areas). B: 56.7% (boys: 59.4%; girls: 54.6%) T: 75% (boys and girls)	Administrative data					
3. Vulnerable children and youth, particularly girls, in targeted areas at risk are better protected through quality child protection system.	Percentage of women and men who believe that FGM/C should be eliminated (target areas). B: Women 15–49: 80.1%; men 15–49: 79.7% T: 85% (men and women)	DHS	3.1. Community, parents, children and youth (girls and boys) have improved competencies to prevent and respond to violence, abuse and harmful practices. 3.2. Social welfare, health, education and justice workers have increased capacities to prevent, detect and respond to risk of violence, abuse and harmful practices. 3.3. Authorities at central and decentralized levels have increased capacities to implement strategies and policies on child protection.	Ministry of: Good Governance and Child Protection; Justice; Health and Social Welfare; Women's Affairs, Family Affairs and Gender; and National Education. National Centre of Civil Registration, OHCHR, UNESCO, UNFPA, UNODC, UN-Women. European Union, Government of	6 500	10 500	17 000
	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services. B: 2,000 T: 12,000	Administrative data					
	Proportion of children under five whose births are registered with a civil authority.	DHS					

UNICEF outcomes[1]	*Key progress indicators, baselines*[2] *(B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: between 42% and 70% in targeted regions T: Increase of 10 percentage points in each targeted region		3.4. Parents, communities and civil registration, health and education professionals in targeted areas have increased capacities to register births.	Canada, France and Spain. NGOs			
4. The most vulnerable families, children and adolescents (boys and girls) benefit from a gradual increase in social protection coverage and equity of access to basic social services in their communities and opportunities for empowerment and development.	Number of children covered by social protection systems. B: 1.2 million T: 1.7 million	DHS	4.1. Institutional and local actors have enhanced capacity to target, plan, and use data in monitoring and evaluation of policies, programmes and resources for the Sustainable Development Goals. 4.2. Institutional and local actors have improved capacity to gradually increase social protection for poor and vulnerable children in a performance, accountability and risk-informed framework, in rural and urban areas. 4.3. Local development actors have strengthened capacity to create a supportive environment for adolescents and youth to build competencies, employability, civic engagement and local environment management skills.	Ministry of Economy, Finance and Planning; Ministry of Territorial Governance, Development and Land Planning. National Agency of Statistics and Demography; National Social Protection Agency. African Development Bank; International Monetary Fund; USAID; World Bank; European Union. NGOs, universities.	6 500	2 500	9 000
	Share of public spending on health, education and/or social protection. B: 30% T: 35%	Public finance law					
	Number of adolescent girls and boys who participate in or lead civic engagement initiatives. B: 560 T: 3,120	National territorial observatory					
5. The country programme is implemented in a more effective and integrated way, supported by broader participation of all stakeholders for the rights of the child.	Office performance index. B: 0.83 (May 2018) T: >0.8	Performance scorecard	5.1. The country programme is designed and implemented efficiently, effectively and sustainably. 5.2. Effective communication, advocacy and partnerships for social and behavioural change and community engagement for children support the programme.	United Nations system. Ministry of Youth, Citizen Formation and Promotion of Volunteering Activity; Ministry of Communication.	5 900	500	6 400
	Number of users of the UNICEF Senegal website and social media channels, and number of video viewers. B: 245,000 website and social media users; 11,000 video viewers	Social media metrics					

UNICEF outcomes[1]	*Key progress indicators, baselines*[2] *(B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 1,000,000 website and social media users; 200,000 video viewers			Parliament NGOs; Media.			
	Number of evidence-based sectoral strategic communication plans developed and implemented. B: 7 developed T: 15 implemented	Reports, evaluations					
Total resources					**33 900**	**41 000**	**74 900**

United Nations E/ICEF/2018/P/L.21

Economic and Social Council

Distr.: Limited
31 July 2018

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 7 (a) of the provisional agenda*

Country programme document

Togo

Summary

The country programme document (CPD) for Togo is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $29,585,000 from regular resources, subject to the availability of funds, and $44,554,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

18-13078 (E) 100818

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Programme rationale

1. Togo has made socioeconomic progress in recent years, maintained economic growth of 5 per cent for the last five years, reduced the under-five mortality rate and improved access to education. However, many of the country's children continue to be deprived of their rights owing to challenges arising from poverty and inequality. Although the rate of monetary poverty decreased from 58.7 per cent to 55.1 per cent between 2011 and 2015, 60.4 per cent of children still live in poor families and 84.2 per cent of children aged 0 to 17 years endure at least one deprivation affecting their well-being (nutrition, health, water, sanitation, housing, protection, information or education), particularly in rural areas.

2. With an annual growth rate of 2.4 per cent, the population in 2018 is estimated at 7.4 million, of whom 51.2 per cent are women and 48 per cent are young people under the age of 18 (51 per cent boys, 49 per cent girls).

3. Women and girls face persistent barriers, as reflected in the gender inequality index of 0.558. The maternal mortality ratio remains high, at 401 per 100,000 live births. The prevalence of HIV among young people aged 15 to 24 years is nearly three times higher among women than men (0.8 per cent vs. 0.3 per cent). Sixty per cent of women surveyed cited lack of money as a major obstacle to addressing their health needs. Only 28.3 per cent of girls complete basic education, compared to 51.1 per cent of boys.

4. The under-five mortality rate has declined from 124 per 1,000 live births in 2010 but remains high, at 88 per 1,000 live births, with disparities between rural (106) and urban (69) areas. The main causes of child mortality are malaria (18 per cent), pneumonia (12 per cent), diarrhoea (9 per cent) and neonatal complications (asphyxia, premature birth and septicaemia), compounded by chronic malnutrition (affecting 28 per cent of children under five) and limited access to improved drinking water (48.4 per cent) and basic sanitation (15.2 per cent) in rural areas. Despite the high rate of coverage for the three doses of pentavalent vaccine (89 per cent), only 62 per cent of children are fully immunized. With HIV prevalence estimated at 2.5 per cent among the sexually active population aged 15 to 49 years, about 500 new infections were recorded among adolescents aged 15 to 19 in 2016. That same year, only 26 per cent of the 12,000 children (0 to 14 years) living with HIV were receiving antiretroviral therapy. Bottlenecks in health outcomes include inadequate health-care infrastructures in rural areas, unequal distribution of health-care workers trained in maternal and child health care and limited use of available services.

5. Togo has achieved major progress in improving access to schooling. Between 2011 and 2017, the gross preschool enrolment rate rose from 17.90 per cent to 37.2 per cent, and the net primary school enrolment rate increased from 83.9 per cent to 93.8 per cent (93.6 per cent for girls and 94 per cent for boys). Nevertheless, about 50 per cent of children in a given cohort do not complete the basic cycle (primary and lower secondary education). More than 50 per cent of children in primary school do not demonstrate the required core skills in French and mathematics. Poor children from rural areas are more likely to drop out of school and repeat years. The key barriers to the education of boys and girls are: low priority given to education by parents for both enrolment and retention in school; inadequate infrastructure; lack of suitable teaching materials, and low quality of teaching (linked to teacher training) and management, planning and monitoring at all levels.

6. Key child protection indicators show some positive trends between 2010 and 2017. The rate of children aged 5 to 14 engaged in the worst forms of child labour has declined from 46.7 per cent to 21.7 per cent, the rate of women (20–24 years)

married before age 18 has decreased from 25.2 per cent to 21.8 per cent and the use of violent methods of discipline has declined slightly (from 93.2 per cent to 92.3 per cent) for children aged 2 to 14, but the birth registration rate has remained unchanged (78 per cent). Principal bottlenecks include inadequate financial resources, lack of qualified social workers (notably in rural areas), low community engagement, limited access to information suited to the needs of adolescents and persistence of harmful social norms.

7. About 28 per cent of the national budget was spent on the social sectors in 2016. Health-care funding accounts for 5 per cent of the state budget, despite the objectives of 10 per cent set by the Government in its strategy for accelerated growth and employment and 15 per cent set by the African Union. Staff costs account for most of the expenditures. In parallel, absorption capacities continue to be limited. These factors, combined with the delay in implementing decentralization, are hampering the ability of ministries to provide quality social services to the population, particularly to the most vulnerable people.

8. Children are exposed to risks of disasters, such as floods (destruction of infrastructures, increase in water-borne diseases), epidemics (meningitis and Lassa fever), food insecurity and social conflict with potential population displacement.

9. The importance of a community-based approach and the need for joint programming with partners to improve coverage of basic social services and social protection in rural areas are among the main lessons documented by the impact evaluation of the cash transfer project [1] and the review of community-based interventions.[2] The latter have been effective in reducing the number of cases of diarrhoea and malaria. The rate of care utilization (fever, diarrhoea) is higher in the Kara (47.5 per cent) and Savane (45 per cent) regions where community-based health workers are more active than in other regions (38.9 per cent nationally). During the last country programme cycle, 2014–2018, the introduction of a package of activities combining unconditional cash transfers and key family practices contributed to an increase in the rate of births in health facilities from 39.36 per cent to 50.25 per cent and a reduced rate of child stunting from 30.35 per cent to 24.23 per cent, and had a positive impact on the registration of children at birth.

10. Between 2014 and 2017, UNICEF established alliances with civil society organizations (CSOs), members of Parliament, traditional chiefs, religious leaders, communities and other donors and partners. These partners recognized the ability of UNICEF to capitalize on pilot strategies, support scaling-up and generate evidence to drive advocacy. As the sector lead for education and social protection and through its involvement in the coordination platforms for other sectors, UNICEF has a comparative advantage to support the country in reducing disparities and protecting the rights of girls, boys and adolescents.

11. The proposed 2019–2023 cooperation programme is aimed at consolidating current achievements while promoting innovation through a series of strategic shifts that include: (a) strengthening equity through the establishment of a social inclusion component; (b) scaling up promising strategies, such as community-based interventions, to manage preventable childhood diseases; and (c) involving the private sector, based on corporate social responsibility, to mobilize resources in favour of the social sectors.

[1] Impact Evaluation and Cost Analysis of the Cash Transfer Program, French National Research Institute for Sustainable Development (IRD), 2017.

[2] Review of Community Based Interventions CBI-Togo, UNICEF Country Office, January 2017

12. The proposed programme is articulated around the following five interconnected components: (a) child survival; (b) education and development; (c) child protection; (d) social inclusion; and (e) programme effectiveness.

Programme priorities and partnerships

13. The country programme of cooperation is aligned with the National Development Plan, 2018–2022 and the Government's vision of making Togo a sound, stable nation economically, socially and democratically, in accordance with the African Union 2063 Agenda and the 2030 Agenda for Sustainable Development. It aims to support the Government in overcoming the major constraints identified with a view to consolidating social development and strengthening inclusive mechanisms (strategic priority 3 of the National Development Plan). It contributes to two of the outcomes of the United Nations Development Assistance Framework (UNDAF), on rule of law, governance and peace, and on human capital and equitable access to basic social services.

14. In line with the UNICEF Strategic Plan, 2018–2021, the Sustainable Development Goals and the concluding observations of the Committee on the Rights of the Child,[3] the programme priorities are: (a) improving vaccination coverage, services to prevent chronic malnutrition, safe management of community sanitation facilities, HIV prevention and treatment services, health-care coverage for mothers, newborns, infants and children and access to safe drinking water; (b) increasing the percentage of children who complete inclusive and quality preschool and basic education; (c) strengthening the capacities of national institutions to provide quality prevention and response services, including birth registration; (d) adopting social practices and norms favourable to child well-being; and (e) reinforcing national social protection systems, and increasing funds for social sectors and the generation, dissemination and use of data. The programme will give special focus to key regional results for children related to immunization, prevention of stunting, quality education, birth registration and ending open defecation. The theory of change is that, if its stated priorities are attained, the programme will make significant progress towards ensuring girls and boys: have access to and use quality health-care, nutrition, HIV and water, hygiene and sanitation (WASH) interventions; complete quality basic education; are better protected from violence, abuse and exploitation, and enjoy greater socioeconomic inclusion.

15. Donors and other development partners were involved at the technical level in all stages of the drafting of the new programme, and thematic bilateral meetings were organized to maximize synergies.

16. The main strategies include: (a) building institutional capacity at national and subnational levels for results-based programming, information management and social budgeting; (b) enhancing existing national systems to ensure better promotion, supply, demand and quality of basic social services; (c) producing and disseminating data on the status of children, including from a gender perspective, to influence policies and domestic resources allocation; (d) fostering communication for behavioural change, community engagement and increased demand for services; (e) developing new partnerships and alliances around the children's agenda and mobilization of additional resources; and (f) supporting South-South cooperation.

[3] United Nations Committee on the Rights of the Child (CRC), Consideration of reports submitted by States parties under article 44 of the Convention, Concluding Observations: Togo, 2012, CRC/C/TGO/CO/3-4.

17. The programme will also include actions to mitigate and manage any risk hindering its success. The use of information and communications technologies will help to consolidate the knowledge acquired from the previous programme.

18. The programme will address gender inequalities cross-sectorally, focused on gender equality in education in line with the UNICEF Gender Action Plan, 2018–2021. In implementing the recommendations of the 2017 gender review,[4] the programme will support the transition of girls from primary to lower secondary education, and the prevention of and response to gender-based violence and adolescent empowerment. It will act to improve the offer (ensure a school environment free from gender-based violence), stimulate the demand (foster community awareness and engagement) and create an enabling environment through policies, strategies, norms and approaches that foster gender equality.

19. At the national level, the programme will address issues related to policy, sectoral governance and coordination, data management and system strengthening. It will implement community-based interventions, early childhood development (ECD) and prevention of gender-based violence in communities (including school-related) through a more extensive multisectoral approach. Areas of intervention will be determined in consultation with the Government, based on social service indicators, accessibility, opportunities for scaling up and the need to consolidate current results to ensure programme sustainability. In line with the new approach and priorities of the Secretary-General of the United Nations,[5] the programme will act early and effectively to support lasting peace, in particular through life-skills education directed at young people.

20. The **child survival** component aims to improve access to and utilization of high-impact interventions relating to health care, nutrition, HIV, WASH and ECD for girls and boys, in particular the most vulnerable. In cooperation with the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Health Organization (WHO), the World Bank, the European Union, the French Development Agency (AFD), the German Agency for International Cooperation (GIZ), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Sanitation Fund, it will contribute to:

(a) Improving immunization (plus coverage) through capacity-building at all levels to ensure better geographical coverage for vaccination initiatives combined with micronutrient supplementation and deworming programmes;

(b) Expanding access to and utilization of chronic malnutrition prevention and treatment services by enhancing the multisectoral response to nutritional problems, and supporting greater capacity-building for stakeholders involved in the integrated management of childhood illnesses/nutrition and essential nutrition actions;

(c) Improving access to and use of improved and safely managed sanitation facilities by promoting the ending of open defecation, strengthening systems and building capacities at all levels, creating a market to respond to additional demand, providing suitable services and equipment, and ensuring equitable access to WASH in health-care facilities and schools, including menstrual hygiene management;

[4] Gender Review of the Country Program 2014-2018, UNICEF Country Office, November 2017.

[5] Informal meeting of the General Assembly to hear a briefing by the Secretary-General on his priorities for 2018 (www.unmultimedia.org/avlibrary/asset/2075/2075980/).

(d) Accelerating the elimination of mother-to-child transmission of HIV and fast-tracking testing and treatment of HIV among children and adolescents by decentralizing and integrating services, and scaling up gender-based responsive HIV prevention services for adolescents;

(e) Improving health-care coverage for mothers, newborns, infants and children by scaling up the integrated community package encompassing key family practices and the promotion of child development, and enhancing facility-based services;

(f) Ensuring safe, equitable access of communities to drinking water, improving household water safety, and promoting sustainable management and maintenance by communities.

21. The programme will strengthen governance of the health system by consolidating legal and institutional intervention frameworks, integrating services, facilitating multisectoral coordination, advocating for greater resources and universal health-care coverage, improving the information system, and promoting social accountability and community leadership through the Child Friendly Communities Initiative and real-time monitoring. Partnership with the media, CSOs, community health workers and communities will be strengthened by promoting key family practices and by addressing gender inequalities.

22. The **education and development** component will pursue the objective of enabling all children to complete inclusive, quality preschool and basic education. To achieve this, the programme will seek, in synergy with its key partners (Aide et Action International, AFD, Handicap International, the Togolese National Coalition for Education for All, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank), to:

(a) Make management of the education system more efficient and equitable by encouraging the production, dissemination and effective use of data and by supporting technical capacity-building for the establishment of high-performing, equity-based tools and systems for planning, monitoring and evaluation;

(b) Increase equitable access to inclusive, quality preschool and basic (primary and lower secondary) education and effective use of educational services in targeted areas with low school enrolment rates; stimulate demand (for enrolment and retention) through local communications that target parents and communities and foster participatory governance of school establishments; improve the offer of preschool centres in selected geographic areas where the child-friendly schools model is implemented; revitalize and build capacity of parent associations; expand the school development plans approach; train teaching staff; promote systems to prevent and address school-related violence (including gender-based violence); expand usage of life skills, remediation mechanisms and the development of non-formal education in rural areas;

(c) Improve the quality of education to foster effective acquisition of suitable knowledge and skills by building capacity, upgrading teaching equipment and tools, and enhancing the effectiveness and efficiency of pedagogical supervision and support.

23. The **child protection** component will support the strengthening and operationalization of an integrated child protection system. In coordination with its principal partners (the Cooperation and Cultural Action Department of the French Embassy, the United Nations Development Programme (UNDP), the European Union, UNFPA, the Office of the United Nation High Commissioner on Refugees

(UNHCR), Plan International and the World Bank) and led by the Ministry of Social Action, it will:

(a) Support the strengthening of national institutions to ensure effective protection for girls and boys, with priority given to supporting the adoption and implementation of the national child welfare policy, reorganizing social work to ensure the identification and management of protection cases, and building capacities and skills for planning, budgeting and coordination of a systemic response, data collection and analysis;

(b) Increase equitable access for boys and girls at risk and/or victims of abuse, violence and exploitation, including child marriage, to quality prevention and response services, building on multisectoral synergies and cooperation to provide a continuum of care services, and establishing standard operational procedures that will strengthen coordination and case management;

(c) Promote the systematic registration of children at birth by supporting quality services in civil registration centres and their effective use by the population, with health-care services acting as the first point of contact;

(d) Foster the adoption of social practices and norms favourable to child well-being by strengthening family and community commitments against child violence, abuse and exploitation, while ensuring the required complementarity with existing formal child protection mechanisms.

24. The **social inclusion** component will consolidate the achievements of the previous programme in the areas of social protection and public finance for children. In conjunction with its key partners, in particular the European Union, the International Labour Organization (ILO), the International Monetary Fund, UNDP and the World Bank, it will contribute to:

(a) Strengthening the national social protection system by consolidating the partnership framework, and promoting political dialogue and institutional strengthening to make social protection initiatives child-friendly;

(b) Creating the conditions to increase funding for social sectors through evidence-based advocacy and capacity-building for social ministries so that they can be included in public finance reforms, and by exploring the potential role of the private sector in funding social sectors;

(c) Supporting the generation, dissemination and use of data on poverty and deprivations affecting girls and boys, including the participation of adolescents, women and CSOs in civic engagement and accountability initiatives and in the design of public policies.

25. The cross-cutting **programme effectiveness** component will ensure that the country programme is conceived and implemented effectively, while improving cohesion, accountability and synergies within and between the different programme components, including in emergency settings. It will strengthen coordination with the Ministry of Planning to further improve programme effectiveness. The programme will pay particular attention to disseminating evidence and monitoring indicators for key regional results for children and gender priorities. Through its communication and advocacy activities, UNICEF will continue to raise public awareness of the importance of child-focused equitable investments and create opportunities to support the objectives of the country programme. Communication for development will support the creation of partnerships for social change and the promotion of positive social norms for the survival and well-being of children, together with support for communication

coordination mechanisms and capacity-building. UNICEF will strengthen the emergency preparedness and response capacity of national partners.

26. UNICEF will work with UNDP, UNFPA and UN-Women to operationalize the common chapter of the Strategic Plan, 2018–2022, with particular focus on maternal, infant and child and adolescent health, including through the Muskoka Initiative on Maternal, Newborn and Child Health funded by the Government of France, and in collaboration with WHO, as appropriate. The United Nations country team will continue to support the national statistical system and implement the recommendations of the universal periodic review.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival	9 763	29 614	39 377
Education and development	6 509	12 095	18 604
Child protection	5 067	1 405	6 472
Social inclusion	4 167	315	4 482
Programme effectiveness	4 079	1 125	5 204
Total	**29 585**	**44 554**	**74 139**

Programme and risk management

27. The major risks that can undermine the achievement of expected outcomes are: the country's socio-political instability; natural disasters, particularly floods, and epidemics; insufficient national resources and inadequate investments in social sectors; under-resourced planning, monitoring and evaluation systems, including to determine the impact of the programme; and inadequacy of financial and human resources for basic social services at decentralized and community levels.

28. To mitigate these risks, UNICEF will conduct an analysis of the budgetary space in favour of social sectors, focused on improving the quality of public expenditure and evidence-based advocacy to increase allocations to the social sectors. Based on the country office's plan for resource mobilization and promotion of corporate social responsibility, UNICEF will establish partnerships with the private sector and new alliances for children. It will strengthen capacity-building for national counterparts and CSOs on the harmonized approach to cash transfers, results-based management and social accountability. The enterprise risk management plan, the office emergency preparedness and response plan and the United Nations system contingency plan will be updated regularly. The monitoring systems will include trigger factors for emergency interventions in all areas of the programme, and UNICEF will support enhancement of early warning and community-based resilience mechanisms.

29. As a member of the country team monitoring and evaluation committees, UNICEF will monitor progresses with a view to obtaining common results; it will document the lessons learned and good practices and provide appropriate analyses and recommendations.

30. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and for resources assigned to the programme at country level. The accountability of managers at the country, regional and headquarters levels with respect to country programmes is prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

31. In coordination with the United Nations country team, UNICEF will continue to support the National Institute of Statistics and Economic and Demographic Studies so that it can: (a) produce evidence (household surveys, analysis of the situation of children, studies) to evaluate the progress of the country programme, the National Development Plan and the UNDAF towards the Sustainable Development Goals, and suggest corrective actions; (b) build capacity at national level to generate knowledge of the situation of children and women, using the Monitoring Results for Equity System; (c) support routine data collection, strengthen national information systems, and monitor outputs at decentralized level with a focus on real-time monitoring system and analysis of barriers/bottlenecks; and (d) measure the effectiveness of the programme by conducting evaluations of the Child Friendly Community Initiative, the Muskoka Initiative (focused on maternal, neonatal, infant and adolescent health care and on gender-based violence), implementation of participatory governance as part of the child-friendly schools model, implementation of the child protection system reform, an overall evaluation of the country programme, and a joint evaluation of the UNDAF, 2019–2023 with UNDP and UN-Women.

Annex

Results and resources framework

Togo – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 3, 6, 7, 8, 9, 12, 13, 14, 16, 17, 18, 19, 20, 21, 23, 24, 26, 27, 28, 29, 31, 32, 34, 36, 37 and 40.

National priorities: Sustainable Development Goals 1, 2, 3, 4, 5, 6, 8, 10, 11, 13, 16 and 17; National Development Plan Strategic Priority 3

UNDAF outcomes involving UNICEF:
1. The Togolese population lives in a peaceful and democratic society, respectful of fundamental rights and guaranteeing equal access to quality public services and justice thanks to: (a) modern, effective and accountable public institutions and administration; (b) dynamic and viable local councils; (c) transparent and inclusive electoral procedures; and (d) operational and credible conflict management mechanisms with increasing involvement of women, young people, children and persons with disabilities.
2. The Togolese population, and in particular children, women, adolescents, persons with disabilities, the elderly, the poor and vulnerable groups, have greater and equitable access to social protection and quality basic social services, notably education, health care, water, hygiene and sanitation.
4. Vulnerable populations, and in particular women and children, have greater resilience to climate change and the risks of disasters, and have equitable access to a decent standard of living and to sustainable natural and energy resources.

Outcome indicators measuring change that includes UNICEF contribution: Under preparation.

Related UNICEF Strategic Plan, 2018–2021 goal areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2023, girls and boys, in particular the more vulnerable, have access to and utilize high-impact interventions in the areas of health care, nutrition, HIV treatment, WASH and ECD, from conception to adolescence.	Number of districts with at least 80% coverage of measles-containing vaccine for children < 1 year. B: 31 (2016) T: 42 (95%)	Joint reporting framework	1.1. Girls and boys benefit from adequate and equitable vaccination coverage. 1.1. Children have better access to chronic malnutrition prevention services. 1.3. Children and families live in communities free of open defecation. 1.4. Children and adolescents have better access to HIV	Ministry of: Health and Social Protection; Primary, Secondary and Vocational Education; Social Action, Women's Empowerment and Literacy; Trade and Promotion of the Private Sector; Water, Sanitation and Village Hydraulics; Grassroots Development,	9 763	29 614	39 377
	Percentage of infants aged 0 to 5 months who are exclusively fed with breast milk. B: 58% T: 65%	Demographic and Health Survey (DHS)/multiple indicator cluster survey (MICS)					
	Number of girls and boys receiving two annual doses of vitamin A.	DHS/MICS/Nutridash					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 95,000 T: 1,113,501		prevention and treatment services. 1.5. Mothers, newborns and children have better access to high-impact interventions, including pre and post-natal care, integrated treatment for childhood diseases and newborn illnesses and care for acute malnutrition. 1.6. Children and mothers have equitable and sustainable access to safe drinking water.	Handicrafts, Youth and Youth Employment; Development Planning; Environment and Forest Resources; Territorial Administration, Decentralization and Local Authorities; Economy and Finance. United Nations system (WHO, UNFPA, UNAIDS, GIZ, UNDP), donors (World Bank, European Union), CSOs, private sector.			
	Proportion and number of the population practising open defecation. B: 51% (3,694,166) T: 32% (1,650,200)	Joint monitoring programme (JMP)					
	Proportion of the population using a safely managed drinking water service at community level. B: TBD T: 75%	JMP					
	Percentage of boys and girls (aged 0 to 14) living with HIV that are receiving antiretroviral treatment. B: 26% T: 90%	UNAIDS report					
2. By the end of 2023, school-age children complete inclusive and quality preschool and basic education, enabling them to acquire required knowledge and skills.	Gross enrolment ratio in pre-primary education (girls and boys). B (2017): 37.2% (Girls 40.6%; Boys 34.2%) T: 50% (Girls 51%; Boys 49%)	Education Management Information System (EMIS)	2.1. The piloting of the educational system is more efficient and equitable, providing all children (girls and boys, including children with disabilities and vulnerable children) with access to adequate, inclusive and quality education. 2.2. The proportion of girls and boys in the areas of intervention with access to inclusive and quality preschool education is increased. 2.3. The proportion of girls and boys (including children with disabilities and vulnerable children) who complete inclusive and quality formal or	Ministry of: Primary, Secondary and Vocational Education; Social Action, Women's Empowerment and Literacy. United Nations system, donors and partners, CSOs, private sector.	6 509	12 095	18 604
	Primary education completion rate (Girls/Boys). B: (2017): 93.6% (Girls 92.6%; Boys 94.6%) T: 97% (Girls 97%; Boys 97%)	EMIS					
	Transition rate between primary and lower secondary education (Girls/Boys). B (2017): 72.5% (Girls 70%; Boys 74.8%)	EMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 80% (Girls 79%; Boys 81%)		non-formal primary education and transit to lower secondary education is increased in areas of interventions. 2.4. Children (girls and boys) attending school benefit from better quality education that facilitates the effective and sufficient acquisition of suitable skills and knowledge.				
	Lower secondary completion rate* (Girls/Boys). B (2017): 50% (Girls 42.7%; Boys 56.8%) T: 58% (Girls 52%; Boys 62%)	EMIS					
	Average success rate in the core disciplines. B (2017): French 35.9% (Girls 33%; Boys 36.9%) Mathematics 76.1% (Girls 73.7%; Boys 77.5%) Target: French 45% Mathematics 80%	EMIS					
3. By the end of 2023, children, girls and boys, are sufficiently protected against all forms of violence, abuse and exploitation, including violent methods of discipline and child marriage, through a coherent and functional system.	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services and education. B (2017): 1,323 (439 Boys and 884 Girls) T: 6,000 (parity of Girls and Boys)	Reports of the Ministry of Social Action, Women's Empowerment and Literacy	3.1. Concerned national institutions have the competences and capacities to plan, budget and coordinate a systemic response for effective protection of girls and boys against violence. 3.2. Girls and boys at risk or the victims of violence, abuse, exploitation and child marriage in targeted areas have equitable access to quality prevention and protection services. 3.3. At least 86% of children in the target regions are registered at birth. 3.4. Families and communities are committed against violence to children and adopt practices	Ministry of: Social Action, Women's Empowerment and Literacy; Justice and Relations with the Institutions of the Republic and Human Rights; Security and Civil Protection; Health and Social Protection; Territorial Administration, Decentralization and Local Authorities; Grassroots Development, Handicrafts, Youth and Youth Employment; and Primary, Secondary	5 067	1 405	6 472
	Children suspected or accused of a crime and child victims of crime who benefited from legal aid and legal representation during the year. B (2017): 358 (323 Boys; 35 Girls) T: 400/year	MICS, DHS					
	Percentage of children under the age of one whose births are registered.	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 72% T: 86%		that promote children's well-being.	and Vocational Education. United Nations system, donors and partners, National Child Rights Committee, CSOs, private sector.			
	Number of adolescent girls receiving prevention and care interventions to address child marriage. B (2017): 430 T: 3,000	Report of the Ministry of Social Action, Women's Empowerment and Literacy					
4. By the end of 2023, children, girls and boys, and women, in particular those living in poor families, have equitable access to basic social services, notably social protection.	Number of children (girls and boys) living in poverty, according to national monetary poverty lines. B: 2,126,244 T: 1,980,240	Core welfare indicators questionnaire survey, Harmonized survey on the living conditions of households	4.1. Social protection structures are better equipped for the development, coordination and management of social protection mechanisms focusing on equity and sensitive to the needs of the most disadvantaged children. 4.2. The bodies responsible for the social sectors, planning and finance have greater capacity to enhance mobilization and efficient management of resources, planning and budgeting so that they are more equitable and sensitive to the priority needs of children and women. 4.3. The statistical bodies have the necessary technical capacity to use data relating to child poverty in the public policy drafting processes.	Ministry of Finance and other ministries concerned, National Committee for the Promotion of Social Protection, National Institute of Statistics and Economic and Demographic Studies. United Nations system, donors and partners, CSOs, private sector.	4 167	315	4 482
	Number of children aged 0 to 17 suffering from at least one deprivation in the various aspects of their well-being, i.e., nutrition, health care, water, sanitation, housing, protection, information, education. B: 2,961, 617 T: 2,772,336	Multiple Overlapping Deprivation Analysis					
	Percentage of the state budget spent on the social sectors. B: 28% T: 38%	Analysis of the state budget, integrated public finance management system					
	Number of girls and boys covered by social protection systems. B: 118,527 (data 2017) T: 648,000	Activity reports of the Ministry of Social Action; Promotion of Women and Literacy; Health and Social Protection. National Committee for the Promotion of Social Protection.					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
		Cash transfer system and school canteens. MICS					
5. By the end of 2023, the country programme will be effectively conceived, coordinated and executed and will receive adequate support to respond to quality programming standards and obtain the best outcomes for children (boys and girls).	Percentage of programme management and priority indicators that reach target key performance indicator values. B (2017): 94% T: 100%	Reports on annual reviews, Result assessment module, UNICEF performance management system (INSIGHT)	5.1. UNICEF staff and partners receive the advice, tools and resources required to design and manage programmes effectively. 5.2. UNICEF staff and implementation partners have the appropriate tools, guidelines and resources to design, plan and monitor effectively the implementation of the programme, even in emergency settings. 5.3. UNICEF staff and partners have adequate tools, advice and resources for advocacy and effective partnerships with stakeholders on issues relating to the rights of the child. 5.4. Cross-cutting support is provided to all components of the country programme (gender, communication for development, innovation, etc.) to guarantee greater integration of the programme as a whole.	Ministry of Development Planning. United Nations system, donors and partners, CSOs.	4 079	1 125	5 204
	Percentage of completed evaluations rated "satisfactory" or "highly satisfactory" by an independent external review. B: 74% T: 80%	Evaluation reports, evaluation database, MICS, Global Evaluation Reports Oversight System					
	Percentage of media coverage that includes key UNICEF messages in the context of country priorities: • key programmatic and advocacy messages; • key organizational messages; • key brand messages. B: 0 T: 30%	INSIGHT Media monitoring report					
Total resources					**29 585**	**44 554**	**74 139**

United Nations E/ICEF/2018/P/L.22

Economic and Social Council

Distr.: Limited
31 July 2018

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 7 (a) of the provisional agenda*

Country programme document

Cambodia

Summary

The country programme document (CPD) for Cambodia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $25,205,000 from regular resources, subject to the availability of funds, and $96,451,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. The UNICEF country programme of cooperation, 2019–2023 for Cambodia will be implemented during a period of ongoing economic and social transition, providing critical opportunities for and risks to the realization of child and adolescent rights.[1]

2. Cambodia has one of the youngest populations in south-east Asia, with a third of its million people under the age of 15 years and a fifth between the ages of 15 and 24 years.[2] This dynamic and highly mobile population is poised to enter the work force and could be a major contributor to sustainable development and economic growth.

3. Nonetheless, adolescent girls and boys (10–19 years) remain at high risk for school drop-out, teenage pregnancy, child marriage, violence and child labour due to limited adolescent-friendly services and opportunities for participation.

4. Following more than two decades of strong economic growth, Cambodia attained lower-middle-income status in 2016,[3] with the gross national income per capita reaching $1,070.[4] Cambodia aims to achieve upper-middle-income country status by 2030 and high-income status by 2050.

5. While Cambodia achieved the Millennium Development Goal of halving poverty by 2009, today, around 4.5 million people risk falling back into poverty when socioeconomic and natural shocks occur. Multidimensional poverty has fallen less quickly than monetary poverty.[5] The recently adopted National Social Protection Policy Framework (2016–2025), which prioritizes cash transfers for pregnant women and children, provides a good opportunity for addressing poverty.

6. Due to improved tax collection and economic growth, total government revenue expanded from $1,244 million in 2007 to $6,087 million in 2017.[6] Accordingly, the budget allocation for social sectors in absolute terms has increased. However, in terms of share of the total budget, social sectors still receive similar amounts as previously. This shortfall undermines the expansion of social services necessary to cope with population growth needs.

7. Cambodia has achieved remarkable development in a short period. Between 1990 and 2016,[7] the under-5 mortality rate decreased from 116 per 1,000 live births to 31 per 1,000 live births; and infant mortality from 85 per 1,000 live births to 26 per 1,000 live births. Most infant deaths are neonatal, with 16 babies per 1,000 live births dying in the first month. Persistent geographical differences remain, with under-5 mortality rates ranging from 18 per 1,000 live births in Phnom Penh to 118 per 1,000 live births in Preah Vihear province.[8] The dramatically reduced maternal mortality ratio, from 472 per 100,000 live births in 2000 to 170 per 100,000 in 2014[9] is associated with improved antenatal care, institutional deliveries and skilled birth attendance. Child and maternal mortality rates remain high in comparison with other countries in the region, with big geographical disparities due mainly to financial barriers to health services (60.3 per cent out-of-pocket expenditure, the highest in the

[1] Cited child deprivations and determinants are derived from *Updated Situation Analysis of Children and Women in Cambodia, 2017/2018* (UNICEF, 2018).
[2] United Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables. Working Paper No. ESA/P/WP/248 (2017).
[3] Asian Development Bank, *Asian Development Outlook* (Mandaluyong City, Philippines, 2017).
[4] The human development index value for Cambodia was 0.563 in 2016, putting the country in the medium human development category at 143 of 188 countries and territories.
[5] Multiple Overlapping Deprivation Analysis report, 2017. The national multidimensional child poverty rate was 48 per cent (rural: 54 per cent, urban: 12 per cent).
[6] Percentage of gross domestic product, Major Trends in Public Finance, Cambodia Ministry of Finance, 2017.
[7] UNICEF, *State of the World's Children 2017: Children in a Digital World* (New York, 2017).
[8] Cambodia Demographic and Health Survey 2014.
[9] Ibid.

region)[10] and inferior quality public and private health services.

8. Malnutrition rates among children under 5 years of age are among the highest in the region, with 32 per cent stunted and 9 per cent severely stunted.[11] Diarrhoea prevalence, improper complementary feeding and poor water, sanitation and hygiene (WASH) are among the main causes of the lack of progress, including in early childhood development (ECD). Disparity is evident, with 42 per cent of the poorest children stunted, compared with 19 per cent of the wealthiest children.[12]

9. Despite strengthened WASH systems at the national and subnational levels, Cambodia has amongst the highest rates of open defecation in the region,[13] with 8 in 10 of the poorest rural Cambodians still practising open defecation.[14] One in three rural Cambodians use water from non-improved drinking sources; around 7 in 10 pre-primary schools do not have WASH services;[15] and one in two rural health care facilities do not have sufficient water all year round.[16] Capital investment in rural WASH depends heavily upon development partners and household contributions.[17],[18] Despite improvements, gaps remain in knowledge about safe WASH practices, especially in rural areas.[19]

10. Notwithstanding a steady increase in early childhood education (ECE) enrolment, 60 per cent of children (50 per cent girls) aged 3 to 5 years are not enrolled in ECE,[20] with wide urban-rural disparities, with children with disabilities most affected. Key bottlenecks include the unavailability and inaccessibility of ECE facilities and a shortage of qualified teachers.

11. Net primary education enrolment increased from 82 per cent in 1997 to 93.5 per cent in the period 2016-2017 (93.9 per cent for girls). Children from poor rural families, those with disabilities and those from ethnic and linguistic minorities are less likely to complete primary school, and are sometimes even excluded from school. Lower secondary completion rates remain low, at 39.4 per cent for boys and 46 per cent for girls (2016-2017) due to early employment, migration and early marriage, especially among ethnic minorities. While the gender gap in lower secondary schools has narrowed, regional and wealth discrepancies are high. The quality of education is an ongoing concern, with many children at all levels of education not reaching age-appropriate learning standards due to malnutrition, limited parental support, non-inclusive teaching and learning and a shortage of qualified teachers.

12. Despite progress in stopping the rapid unregulated rise in the number of residential care institutions, the number of children in residential care, totalling 16,579 in 2015, is only now starting to decrease.[21] The reasons for families placing their children in residential care include poverty; the lack of social welfare support for vulnerable families, access to education and an operational child protection system; and orphanage tourism.

[10] National Health Accounts Report 2015.
[11] Ibid.
[12] See footnote 7.
[13] World Health Organization (WHO)-UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP), A snapshot of sanitation and hygiene in East Asia and the Pacific: 2017 regional analysis of UNICEF programme countries.
[14] WHO-UNICEF JMP, Cambodia country file 2017.
[15] WHO-UNICEF JMP, estimated based on Ministry of Education, Youth and Sport Educational Management Information System (EMIS) data.
[16] Water Aid, WHO, UNICEF, Department of Foreign Affairs and Trade, Government of Australia Public health-care facilities assessment on water, sanitation and hygiene of five provinces in Cambodia (2017).
[17] World Bank Group, Cambodia Water, Sanitation and Hygiene Service Delivery Assessment (2015).
[18] WHO-UNICEF JMP, Cambodia country file, 2017.
[19] Ministry of Rural Development: National Water, Sanitation and Hygiene Knowledge, Attitudes, and Practices survey in 2016.
[20] Education Management Information Statistics, 2016/2017.
[21] Ministry of Social Affairs, Veterans and Youth Rehabilitation, Mapping of residential care facilities in and action plan for improving child care in Cambodia; Regional Economic Cooperation in Asia Programme inspection data, March, 2018.

13. More than half of children in Cambodia experience violence and abuse.[22] One in two children have experienced severe beating and 1 in 20 girls and boys have been sexually assaulted. The online sexual exploitation of children and trafficking and cross-border issues are growing challenges. More girls than boys are affected by sexual violence, teenage pregnancy, child marriage and trafficking, mainly due to social and cultural norms and practices and those regarding gender.

14. Following a 56 per cent decrease between 2010 and 2014, the number of children in prison has been steadily increasing, despite the Juvenile Justice Law (2016) specifying 14 years as the legal age of criminal responsibility in Cambodia. Underlying causes for this include an ongoing crackdown on drugs, modern-day slavery, in which children are forced to be drug couriers, insufficient training of police and limited diversion programmes.

15. While still largely rural, Cambodia is witnessing rapid urbanization. Projections suggest that by 2030, over a third of the country's population will reside in urban areas.[23] Failure by urban authorities to expand social service infrastructure to match increasing population will result in new dimensions of poverty, calling for a new set of solutions.

16. Migration is prevalent in Cambodia, with an estimated 4.2 million predominantly internal migrants, of which 8.3 per cent are adolescents between the ages of 10 and 19 years (31 per cent female, 27 per cent male). Migration poses opportunities and challenges for the migrants as well as for their families, especially children.

17. Cambodia, increasingly vulnerable to climate change, which threatens its poverty-reduction achievements, is classified as the eighth most at-risk country in the world due to a significant exposure to natural hazards and limitations in coping capacities.[24] The country continues to be affected by landmines and unexploded ordnance following the protracted civil war.

18. Principally because of slow progress in reducing gender gaps in political empowerment, economic participation and opportunity, Cambodia is ranked 99 out of 144 countries in the 2017 Global Gender Gap report. While there has been progress in reducing gaps in education attainment, health and survival, certain social and cultural norms, attitudes and practices remain challenges.

19. Children with disabilities are especially invisible in mainstream development programming, a situation compounded by a lack of quality data. There is a need for early detection, inclusive education and social protection.

20. The evaluation of the community preschools initiative from the previous country programme noted the need for an effective holistic approach that considered health, nutrition, education, care and safe water, sanitation and good hygiene as key levers for ECD. The global evaluation of the nutrition programme concluded that UNICEF was uniquely well-positioned in Cambodia to provide leadership and to leverage partnerships to reduce stunting through its expertise, trust and initiative in knowledge generation.

21. UNICEF has an extensive history of promoting child rights in Cambodia through its longstanding collaboration with the Government and donors; sustainable partnerships and alliances with civil society; equity focus; and humanitarian experience; and its role as a knowledge broker. UNICEF is uniquely positioned to leverage public and private resources to ensure universal coverage of social assistance programmes.

22. The priorities will be achieved through five interdependent programme components: (a) health and nutrition; (b) WASH; (c) education; (d) child protection; and (e) policy and public financing for children.

[22] Cambodia Violence against Children Survey, 2013.
[23] See footnote 7.
[24] World Economic Forum, *The Global Risks Report 2017, 12th Edition* (Geneva, 2017).

Programme priorities and partnerships

23. The vision guiding the country programme is to contribute to national efforts so that all girls and boys, especially the most disadvantaged, progressively fulfil their basic rights to survival, care, protection and participation to reach their full potential.

24. Cambodia has high levels of multidimensional child poverty, particularly in remote rural and urban poor areas. The programme will address key bottlenecks that hamper access to quality social services and their use, including the poor enforcement of policies, insufficient public budget allocations, inadequate and poorly skilled human resources, disability inclusion and gender and social norms.

25. To increase access to and the equitable utilization of basic services, social policies and strategies need to be adequately funded and effectively implemented, monitored and evaluated. Service providers' capacity and accountability need to be strengthened at all levels, and communities need to increasingly demand accountability from decision-makers.

26. The main assumption is that the Government will continuously increase public budget allocations and expenditures for social services and social assistance that targets disadvantaged children. Key risks include the weak enforcement of policies and plans to deliver services that meet high quality standards as well uncertainty about future official development assistance (ODA).

27. The programme is clearly aligned with the Government's draft Rectangular Strategy 4 and National Strategic Development Plan (2014–2018) midterm review priorities and other sector policies as well as with the UNICEF Strategic Plan, 2018–2021.

28. The country programme is aligned with the United Nations Development Assistance Framework (UNDAF) 2019–2023, which is focused on four priority areas: the expansion of socioeconomic opportunities; sustainable living; the management of urbanization; and participation and accountability.

29. The country programme will work on three levels: (a) upstream: national; (b) midstream: subnational (provincial and district); and (c) downstream: community (parents, caregivers, service providers, children and adolescents). The geographical focus will be on north-eastern Cambodia, where socioeconomic indicators are worse than national averages, particularly for ECD, and continued presence in north-western areas, particularly for child protection and education.

30. UNICEF will expand gender-responsive interventions, such as scholarships to promote girls' education; menstrual hygiene management; the prevention of child marriage and teenage pregnancy; and male involvement in antenatal and child care, and will collect sex-disaggregated data where possible. The intergenerational transmission of violence against women and children will require a sharpened focus on preventing such violence.

31. The country programme will prioritize investment for in-depth knowledge and evidence generation and the use of disaggregated data on emerging and cross-cutting issues to better address the needs of children and adolescents in rural and urban areas, linked to ongoing discussions around the 2030 Agenda for Sustainable Development.

32. The programme will prioritize working with and for adolescents on positive discipline; child marriage and teenage pregnancy; relevant learning outcomes and skills development; vocational training; empowerment; and participation. Social and digital media will engage young women and men, providing them with the knowledge and platforms for participation the breaking of gender-related barriers.

33. The country programme will be implemented through five interrelated programme outcomes in partnership with the Government and civil society organizations (CSOs).

Health and nutrition

34. The health and nutrition component is aimed at ensuring that adolescents, pregnant women, mothers, newborns and children under the age of 5 years have increased equitable access to and use of quality health and nutrition services, especially in north-eastern Cambodia among ethnic minorities and the urban poor, including in emergencies.

35. UNICEF will support the National Health Strategic Plan III (2016–2020), which articulates the Government's commitment to the goal of universal health coverage and the Scaling Up Nutrition movement. It will also support the 2014–2020 fast-track road map for improving nutrition and the midterm evaluation of the 2017 national strategy for food security and nutrition (2014–2018).

36. The programme will prioritize greater alignment between policy, planning and national budgeting for high-impact health and nutrition interventions. It will support a legislative framework and effective policy enactment and enforcement. New policies will be developed regarding alcohol and cigarette purchase by minors; non-communicable diseases, including overweight prevention through possible sugar taxes, legislation on marketing and other food-policy initiatives that acknowledge the increasingly urban context in which Cambodians live. Regarding adolescent health and nutrition, strengthening the capacity of health professionals to respond to the health consequences of violence is an emerging component that will be developed and will include linkages with education and child protection programmes.

37. Technical assistance to the Ministry of Health will ensure that accountability systems and mechanisms are enhanced to equitably support high impact maternal and neonatal child health (MNCH) and nutrition interventions. This will be complemented by broadening collaboration with provincial departments for industry and handicraft to ensure the proper enforcement of legislation for food fortification and other food policies. More private-sector partnerships to improve the quality and pro-poor coverage of key MNCH and nutrition services will also be established.

38. UNICEF will support the strengthening of the capacity of service providers to deliver equitable quality and accessible essential adolescent, maternal and newborn care services, including nutrition, especially in north-eastern provinces and during emergencies. The capacity of families, communities and service providers will be enhanced to promote positive health and nutrition norms and behaviours among adolescents, pregnant and lactating women, men and communities.

39. The programme will continue to prioritize local authority engagement and improved accountability to ensure individual and communal buy-in and demand for adolescent, MNCH and nutrition services.

40. An evaluation of the integrated early childhood development (IECD) approach in the north-eastern provinces will be prioritized to provide key lessons learned for future IECD programming.

Water, sanitation and hygiene

41. The WASH component will contribute to ensuring that underserved children in remote north-eastern provinces and those in areas of high risk for arsenic in drinking water equitably use safer water and practice safer sanitation and hygiene, including during humanitarian situations, allowing children to live in a safer and cleaner environment and benefit from WASH-related health, nutrition and socioeconomic outcomes.

42. The WASH component will support the achievement of the national vision of universal access to WASH by 2025. Barriers to WASH progress for children include insufficient national budget allocations; limitations in decentralized coordination; insufficient data use; inequitable rural sanitation; and insufficient climate resilience and quality control. These will be addressed by strengthening national budgeting, regulatory, data and coordination systems;

providing catalytic support for continued efforts to reach an open-defecation free Cambodia by 2025; and modelling data-led, context-based, climate-resilient, pro-poor, accessible, child-sensitive and gender-inclusive WASH.

43. UNICEF will advocate for increased public funding for affordable sanitation and water supply; innovation and partnerships on climate-resilient sanitation and water supply; strengthening community, market and finance-based approaches to total sanitation to address open defecation; technical assistance to support the provision of disability accessible and age-appropriate WASH facilities in communities and schools; improved menstrual hygiene management facilities in schools; and better WASH in health facilities. Convergence with ECD programming, especially in the north-eastern provinces, will be strengthened.

Education

44. The education component will contribute to ensuring that girls and boys, including adolescents, especially the most disadvantaged, acquire knowledge and skills in an inclusive, equitable, safe, relevant and quality learning environment to complete pre-primary and primary education and to transition to lower secondary education.

45. UNICEF will provide technical support to Ministry of Education, Youth and Sport at all levels to plan, execute and monitor results-based, gender-sensitive plans and budgets, in alignment with its Education Strategic Plan (2016–2018). This will help to address key bottlenecks, including a shortage of qualified teachers, especially for ECE and for children with disabilities; and weak classroom management capacity of school directors and teachers, including for positive discipline. UNICEF will seek to improve the capacity of preschool, primary and lower secondary school personnel to deliver inclusive, equitable, relevant and quality education services. The organization will support scholarships, better learning environments and accelerated learning, to return children to formal education and to assist them to stay in school, and will assist communities to demand accountability from local education administrators and service providers.

46. To minimize the impact on learning of natural disasters, UNICEF will build capacity in emergency preparedness and response within the education sector, including at the subnational and school levels.

47. Through its Education Sector Working Group and Joint Technical Working Group for education leadership roles, UNICEF will influence medium-term sector plans, such as the new medium-term Education Strategic Plan (2019–2023) and the Capacity Development Master Plan (2019–2023), coupled with the harmonization of the Joint Sector Review and the annual National Education Congress.

Child protection

48. The child protection component is aimed at ensuring that girls and boys, including adolescents, living with families and outside of family care are increasingly free from violence and the threat of violence in their homes, schools, communities and institutions.

49. The programme will strengthen the policies of Cambodia and the national child protection system so that the most marginalized children and adolescents progressively benefit from effective and inclusive child protection services, improved policies and laws and increased funding for child protection.

50. The programme is well aligned to the Government's development priorities and builds on the recent national frameworks for child protection, which include: the Action Plan to Prevent and Respond to Violence Against Children 2017–2021; the Action Plan for Improving Childcare by Safely Returning 30 per cent of Children in Residential Care to their families 2016–2018; Juvenile Justice law 2016; the National Plan to Suppress Human Trafficking 2017–2021; and Subdecree 34 on the transfer of key child protection functions

to the subnational level.

51. UNICEF will support Government agencies and CSOs to strengthen parenting practices by innovating and taking initiatives to scale, including the Positive Discipline in Schools and Positive Parenting programmes; the roll-out of a clinical handbook for health professionals to identify and treat violence against children; and Cambodia PROTECT, a communications strategy to end violence against children and unnecessary family separation. UNICEF will support the design and roll-out of child- and family-friendly fostering and adoption guidelines and programmes and the oversight and regulation of residential institutions as part of larger efforts to strengthen systems and services for children outside of family care, including children in street situations and those at risk of trafficking and online sexual exploitation. UNICEF will work with multi-faith religious leaders through Cambodia PROTECT to address social norms and behaviours that put children at risk, including the implementation of a child safeguarding policy in all pagodas. UNICEF will also improve the capacity of the social service workforce to identify vulnerable children and women and provide prevention and response services in all districts, prioritizing poor urban and rural communities. Technical assistance and funding will be given to justice sector agencies to enable them to gain further knowledge, resources and authority to apply principles of child-friendly justice and juvenile crime prevention, while also supporting communities to demand and support legal protection for victims and alternatives to detention.

Policy and public financing for children

52. The policy and public financing component is aimed at ensuring that more children and adolescents in Cambodia, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.

53. The component is aimed at removing the bottlenecks driving multidimensional child poverty by contributing to: (a) the implementation of the National Social Protection Policy Framework 2016–2025 by providing technical support for the design and implementation of gender-sensitive and equity-focused social protection programmes with increased coverage; (b) the provision of technical assistance to the Ministry of Economy and Finance, social ministries and subnational administrations for the improved quality of programme budget formulation and execution for social services and social protection programmes; and (c) capacity development of line ministries and subnational administrations to effectively monitor and evaluate policy, programme and budget implementation and progress towards the Sustainable Development Goals.

54. The cross-sectoral nature of this component will bring together current capacities in the country office in the areas of health and nutrition, WASH, education and child protection, contributing to the achievement of broader UNICEF programme results.

Programme effectiveness

55. The programme effectiveness component ensures that the country programme is efficiently designed, monitored, managed, evaluated and supported to meet quality programming standards in achieving results. The component includes cross-sectoral support for ECD; gender; communication for development; emergency preparedness and response; disaster risk reduction and climate change adaptation; public advocacy, external communications and partnerships; planning, monitoring and evaluation; and supply, logistics and other operational support. The component facilitates the UNICEF country presence, enhancing the effectiveness of programmes at the subnational and national levels and promoting engagement with local government and non-State actors.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	4 524	11 477	16 001
WASH	2 307	10 711	13 018
Education	2 389	53 143	55 532
Child protection	3 600	19 200	22 800
Policy and public finance for children	6 136	1 282	7 418
Programme effectiveness	6 249	638	6 887
Total	**25 205**	**96 451**	**121 656**

Programme and risk management

56. The Ministry of Planning is the main coordinating body providing strategic direction for government cooperation with UNICEF. Through agreed work plans, UNICEF will work with relevant ministries at the national and subnational levels to ensure efficient and effective programme implementation, monitoring and reporting through midyear and annual reviews. An annual review of the UNDAF strategic management and achievements, clearly showing UNICEF contributions, will be undertaken.

57. A significant risk to the country programme formulation and implementation is that resources for long-term investments in children are reduced due to the continuing rapid decline in ODA; a slow-down in economic growth; low domestic tax revenue; corruption; a stalled decentralization process; and a reduced focus on integrated systems and social policies targeting the most vulnerable.

58. Key mitigation strategies will include an increased focus on social development and social protection as part of the national Rectangular Strategy 4, the National Social Protection Policy Framework (2016–2025) and sector policies and Cambodia Sustainable Development Goal localization. Additionally, UNICEF will strengthen communication and evidence-based advocacy with all stakeholders. Financial risks will be monitored through regular reviews of performance targets and risks and the strengthening of the harmonized approach to cash transfers assurance activities.

59. Cambodia continues to face natural and human-caused disasters. UNICEF will support the Government in risk-informed programming to strengthen coping and adaptive capacities. UNICEF will also support the operationalization of the national social protection policy framework to ensure community resilience to social, economic and natural shocks.

60. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

61. The results and resources framework forms the basis for monitoring programme results, supported by the costed evaluation plan for research, impact monitoring and evaluation. UNICEF monitors results for children through annual management plans, section work plans,

regular review meetings with implementing partners to assess progress, constraints and risks in the achievement of results and takes corrective measures to address identified bottlenecks, feeding into the results assessment module and country office annual report.

62. UNICEF, together with other United Nations agencies, will provide technical assistance to the strengthening of existing (health and education) and new (child protection and WASH) sector information systems to ensure the timely generation, analysis and use of reliable information at the national and subnational levels to plan and monitor country programme results, National Social Protection Policy Framework and Sustainable Development Goal targets. UNICEF will continue to strengthen the national monitoring and evaluation capacity of the Government and non-governmental organizations by promoting the use of real-time approaches and helping to strengthen the links between monitoring findings and sector reviews and feeding into the development of new policies and strategies in a more systematic way.

63. A midterm review will be conducted to inform necessary strategic shifts commensurate with the changing programme environment. The eTools platform will be deployed to strengthen work planning, partnership management and monitoring for results. Current support towards innovative, real-time data collection (e.g., digital monitoring of residential care institutions, child-friendly standards in education and an IECD longitudinal study) will continue to identify and address bottlenecks to children's access to social services.

64. For humanitarian action, UNICEF uses routine programme monitoring data from the Government and partners to complete country office humanitarian performance monitoring and situation reports in the event of large-scale emergencies.

65. A gender review of the country programme is planned for 2018. The results will optimize ways in which gender is mainstreamed across programme areas and identify where targeted interventions are required.

Annex

Results and resources framework

Cambodia — UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 6, 7, 18, 24, 27 and 28

National priorities: Sustainable Development Goals: 1–6, 8, 10, 11, 13, 16–18 (Mine Action)
Rectangular Strategy 4 (2019–2023) and National Social Protection Policy Framework 2019–2023 (*under development*)

UNDAF outcomes involving UNICEF: Four priority areas: expanding socioeconomic opportunities; sustainable living; managing urbanization; and participation and accountability.
Outcome indicators measuring change that reflect UNICEF contribution (*under development*)

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1– 5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2023 pregnant women, mothers, newborns and children under the age of 5 years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies.	Number of boys and girls with severe acute malnutrition admitted for treatment by sex and age (national) B: 0 T: TBD	Ministry of Health National Nutrition Programme database	1.Strengthened accountability systems and frameworks to support the implementation of high-impact maternal, newborn and child health (MNCH) and nutrition interventions 2. Strengthened capacity to deliver equitable gender-responsive quality and accessible essential MNCH and nutrition services 3. Strengthened capacity to promote safe health and nutrition behaviours and practices	Ministries of Health; Planning; Industry and Handicraft United Nations agencies, GAVI Alliance, Scaling Up Nutrition	4 524	11 477	16 001
	Percentage of live births attended by skilled health personnel in the north-east province of Kratie B: 62.2% T: 85%	Cambodia Demographic and Health Survey, Household Income Survey, programme monitoring					
2. By 2023, underserved children equitably use safe water and practise safe sanitation and hygiene, including during	Proportion of people in rural areas who use household toilets B: 46%	World Health Organization/UNICEF Joint Monitoring Programme (JMP)	1. Strengthened capacity to plan, coordinate and monitor inclusive, quality, child-focused water, sanitation and hygiene services	Ministries of Rural Development; Health; Education; Industry and Handicraft	2 307	10 711	13 018

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
humanitarian situations.	T: 79.8% Proportion of rural schools and health-care facilities with a functional water supply and sanitation and menstrual hygiene facilities B: 38% T: 76.8%	WHO/UNICEF JMP	2. Strengthened capacity to implement programmes to increase equitable access to basic sanitation and hygiene 3. Strengthened capacity to implement programmes to increase equitable access to safe and climate-resilient water supply	Non-governmental organizations (NGOs); private sector; Accelerating Sanitation and Water for All; World Bank Group; Department for International Development; Asian Development Bank (ADB); Global Sanitation Fund			
3. By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant and quality early childhood and basic education that promotes lifelong learning, including in emergencies.	Net enrolment of children (3–5 years) in early childhood education B: 40.90% (2016/2017) T: Education Strategic Plan targets TBC in 2018/2019	National Early Childhood Development Action Plan results framework, Educational Management Information System	1. Enhanced capacity to plan, execute and monitor results-based plans and budgets 2. Enhanced capacity to deliver gender-responsive equitable, inclusive, relevant and quality education 3. Increased capacity to demand accountability and relevant and quality education services	Ministries of Education, Youth and Sport; Economy and Finance; Interior; Cults and Religion; Women's Affairs European Union, Swedish International Development Cooperation Agency (SIDA), Global Partnerships for Education, United Nations Educational, Scientific and Cultural Organization, Institute for Statistics, World Bank Group, United States Agency for International Development, NGO Education Partnership of Cambodia, Voluntary Service Overseas, CARE International	2 389	53 143	55 532
	Results of the standardized national learning assessment for boys and girls (grades 3, 6 and 8) B: Grade 3: Khmer – 35.2%, mathematics – 41% (2015); Grade 6: Khmer – 52%, mathematics – 48.3% (2016) T: Grades 3,6 and 8 – TBC	Education Quality Assurance Department reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By 2023, girls and boys including adolescents, living with families and outside of family care are increasingly free from violence and exploitation and from the threat of violence and exploitation in their homes, schools and communities and in institutions, including during humanitarian situations.	Number of boys and girls, including adolescents, who have experienced violence reached by health, social or justice/law enforcement services B: 24,000 boys and girls T: 54,000 boys and girls	Ministries of Women's Affairs and Social Affairs; and Partnership Programme for the Protection of Children (3PC) progress reports Child Protection Management Information System	1. Strengthened capacity to formulate and implement child protection institutional and legal frameworks 2. Strengthened capacity to provide prevention and response child protection services 3. Strengthened capacity to implement at scale Positive Discipline, Positive Parenting and PROTECT child protection programmes	Ministries of Women's Affairs; Social Affairs, Veterans and Youth Rehabilitation; Interior; Justice; Health; Planning; Education, Youth and Sport 3PC, Open Institute, International Social Service, Children's Rights International, Legal Aid of Cambodia, Court of Appeal	3 600	19 200	22 800
	Percentage of boys and girls in contact with the justice and administrative bodies who are subject to a diversion order B: 0% T: 30%	Ministry of the Interior report					
5. By 2023, children and adolescents, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.	Number of children benefiting from government-financed cash transfer programmes B: 6,024 (female: 2767; children with disabilities: 464 – disability allowance); 164,929 (92,147 girls) – scholarship (2017) T: 30,000 – disability allowance; 200,000 – scholarship	Ministries of Education, Youth and Sport and Social Affairs, Veterans and Youth Rehabilitation reports	1. Strengthened capacity to design gender-sensitive and equity-focused social protection programmes 2. Strengthened capacity for programme-based budget formulation, execution, monitoring and reporting 3. Strengthened capacity to formulate policies and plans to address multidimensional child poverty, with sound monitoring and evaluation systems	Ministries of Economy and Finance; Planning; Social Affairs, Veterans and Youth Rehabilitation; Interior; Education, Youth and Sport National Committee for Democratic Development, National Social Protection Council, International Labour Organization, World Food Programme, World Bank Group, ADB, European Union, SIDA, Deutsche Gesellschaft für Internationale Zusammenarbeit	6 136	1 282	7 418
	Proportion of national government non-wage recurrent budget allocated for programmes directly linked to multidimensional child poverty B: 3.5% (2017)	Ministry of Economy and Finance programme budget book 2017					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 7% (2023)						
6. The country programme is efficiently designed, coordinated, managed and supported to meet quality results-based management standards and achieve results for children.	Proportion of evaluation recommendations implemented, closed and reported within 12 months of uploading B: 0 T: 100%	Evaluation Management Response Database	UNICEF staff and partners are provided the guidance, tools and resources to: (a) effectively plan, monitor and evaluate programmes; (b) effectively communicate, advocate and develop partnerships regarding child rights issues with stakeholders; and (c) apply strategies to address cross-cutting issues related to child rights.		**6 249**	**638**	**6 887**
	Digital engagement and total number of followers B: Engagement – 500,000; followers – 100,000 T: Engagement – 500,000 annually; followers – 200,000	Digital metrics					
Total resources					**25 205**	**96 451**	**121 656**

United Nations E/ICEF/2018/P/L.22/Rev.1

Economic and Social Council

Distr.: Limited
20 August 2018

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 7 (a) of the provisional agenda*

Country programme document

Cambodia

Summary

The country programme document (CPD) for Cambodia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $25,205,000 from regular resources, subject to the availability of funds, and $96,451,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

18-13776 (E) 220818

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Programme rationale

1. The UNICEF country programme of cooperation, 2019–2023 for Cambodia will be implemented during a period of ongoing economic and social transition, providing critical opportunities for and risks to the realization of child and adolescent rights.[1]

2. Cambodia has one of the youngest populations in south-east Asia, with a third of its 16 million people under the age of 15 years and a fifth between the ages of 15 and 24 years.[2] This dynamic and highly mobile population is poised to enter the work force and could be a major contributor to sustainable development and economic growth.

3. Nonetheless, adolescent girls and boys (10–19 years) remain at high risk for school drop-out, teenage pregnancy, child marriage, violence and child labour due to limited adolescent-friendly services and opportunities for participation.

4. Following more than two decades of strong economic growth, Cambodia attained lower-middle-income status in 2016,[3] with the gross national income per capita reaching $1,070.[4] Cambodia aims to achieve upper-middle-income country status by 2030 and high-income status by 2050.

5. While Cambodia achieved the Millennium Development Goal of halving poverty by 2009, today, around 4.5 million people risk falling back into poverty when socioeconomic and natural shocks occur. Multidimensional poverty has fallen less quickly than monetary poverty.[5] The recently adopted National Social Protection Policy Framework (2016–2025), which prioritizes cash transfers for pregnant women and children, provides a good opportunity for addressing poverty.

6. Due to improved tax collection and economic growth, total government revenue expanded from $1,244 million in 2007 to $6,087 million in 2017.[6] Accordingly, the budget allocation for social sectors in absolute terms has increased. However, in terms of share of the total budget, social sectors still receive similar amounts as previously. This shortfall undermines the expansion of social services necessary to cope with population growth needs.

7. Cambodia has achieved remarkable development in a short period. Between 1990 and 2016,[7] the under-5 mortality rate decreased from 116 per 1,000 live births to 31 per 1,000 live births; and infant mortality from 85 per 1,000 live births to 26 per 1,000 live births. Most infant deaths are neonatal, with 16 babies per 1,000 live births dying in the first month. Persistent geographical differences remain, with under-5 mortality rates ranging from 18 per 1,000 live births in Phnom Penh to 118 per 1,000 live births in Preah Vihear province.[8] The dramatically reduced maternal mortality ratio, from 472 per 100,000 live births in 2000 to 170 per 100,000 in 2014[9] is associated with improved antenatal care, institutional deliveries and skilled birth attendance. Child and maternal mortality rates remain high in comparison with other countries in the region, with big geographical disparities due mainly to financial barriers to health services (60.3 per cent out-of-pocket expenditure, the highest in the

[1] Cited child deprivations and determinants are derived from *Updated Situation Analysis of Children and Women in Cambodia, 2017/2018* (UNICEF, 2018).
[2] United Nations, World Population Prospects: The 2017 Revision, Key Findings and Advance Tables. Working Paper No. ESA/P/WP/248 (2017).
[3] Asian Development Bank, *Asian Development Outlook* (Mandaluyong City, Philippines, 2017).
[4] The human development index value for Cambodia was 0.563 in 2016, putting the country in the medium human development category at 143 of 188 countries and territories.
[5] Multiple Overlapping Deprivation Analysis report, 2017. The national multidimensional child poverty rate was 48 per cent (rural: 54 per cent, urban: 12 per cent).
[6] Percentage of gross domestic product, Major Trends in Public Finance, Cambodia Ministry of Finance, 2017.
[7] UNICEF, *State of the World's Children 2017: Children in a Digital World* (New York, 2017).
[8] Cambodia Demographic and Health Survey 2014.
[9] Ibid.

region)[10] and inferior quality public and private health services.

8. Malnutrition rates among children under 5 years of age are among the highest in the region, with 32 per cent stunted and 9 per cent severely stunted.[11] Diarrhoea prevalence, improper complementary feeding and poor water, sanitation and hygiene (WASH) are among the main causes of the lack of progress, including in early childhood development (ECD). Disparity is evident, with 42 per cent of the poorest children stunted, compared with 19 per cent of the wealthiest children.[12]

9. Despite strengthened WASH systems at the national and subnational levels, Cambodia has amongst the highest rates of open defecation in the region,[13] with 8 in 10 of the poorest rural Cambodians still practising open defecation.[14] One in three rural Cambodians use water from non-improved drinking sources; around 7 in 10 pre-primary schools do not have WASH services;[15] and one in two rural health care facilities do not have sufficient water all year round.[16] Capital investment in rural WASH depends heavily upon development partners and household contributions.[17] [18] Despite improvements, gaps remain in knowledge about safe WASH practices, especially in rural areas.[19]

10. Notwithstanding a steady increase in early childhood education (ECE) enrolment, 60 per cent of children (50 per cent girls) aged 3 to 5 years are not enrolled in ECE,[20] with wide urban-rural disparities, with children with disabilities most affected. Key bottlenecks include the unavailability and inaccessibility of ECE facilities and a shortage of qualified teachers.

11. Net primary education enrolment increased from 82 per cent in 1997 to 93.5 per cent in the period 2016-2017 (93.9 per cent for girls). Children from poor rural families, those with disabilities and those from ethnic and linguistic minorities are less likely to complete primary school, and are sometimes even excluded from school. Lower secondary completion rates remain low, at 39.4 per cent for boys and 46 per cent for girls (2016-2017) due to early employment, migration and early marriage, especially among ethnic minorities. While the gender gap in lower secondary schools has narrowed, regional and wealth discrepancies are high. The quality of education is an ongoing concern, with many children at all levels of education not reaching age-appropriate learning standards due to malnutrition, limited parental support, non-inclusive teaching and learning and a shortage of qualified teachers.

12. Despite progress in stopping the rapid unregulated rise in the number of residential care institutions, the number of children in residential care, totalling 16,579 in 2015, is only now starting to decrease.[21] The reasons for families placing their children in residential care include poverty; the lack of social welfare support for vulnerable families, access to education and an operational child protection system; and orphanage tourism.

[10] National Health Accounts Report 2015.
[11] Ibid.
[12] See footnote 7.
[13] World Health Organization (WHO)-UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP), A snapshot of sanitation and hygiene in East Asia and the Pacific: 2017 regional analysis of UNICEF programme countries.
[14] WHO-UNICEF JMP, Cambodia country file 2017.
[15] WHO-UNICEF JMP, estimated based on Ministry of Education, Youth and Sport Educational Management Information System (EMIS) data.
[16] Water Aid, WHO, UNICEF, Department of Foreign Affairs and Trade, Government of Australia Public health-care facilities assessment on water, sanitation and hygiene of five provinces in Cambodia (2017).
[17] World Bank Group, Cambodia Water, Sanitation and Hygiene Service Delivery Assessment (2015).
[18] WHO-UNICEF JMP, Cambodia country file, 2017.
[19] Ministry of Rural Development: National Water, Sanitation and Hygiene Knowledge, Attitudes, and Practices survey in 2016.
[20] Education Management Information Statistics, 2016/2017.
[21] Ministry of Social Affairs, Veterans and Youth Rehabilitation, Mapping of residential care facilities in and action plan for improving child care in Cambodia; Regional Economic Cooperation in Asia Programme inspection data, March, 2018.

13. More than half of children in Cambodia experience violence and abuse.[22] One in two children have experienced severe beating and 1 in 20 girls and boys have been sexually assaulted. The online sexual exploitation of children and trafficking and cross-border issues are growing challenges. More girls than boys are affected by sexual violence, teenage pregnancy, child marriage and trafficking, mainly due to social and cultural norms and practices and those regarding gender.

14. Following a 56 per cent decrease between 2010 and 2014, the number of children in prison has been steadily increasing, despite the Juvenile Justice Law (2016) specifying 14 years as the legal age of criminal responsibility in Cambodia. Underlying causes for this include an ongoing crackdown on drugs, modern-day slavery, in which children are forced to be drug couriers, insufficient training of police and limited diversion programmes.

15. While still largely rural, Cambodia is witnessing rapid urbanization. Projections suggest that by 2030, over a third of the country's population will reside in urban areas.[23] Failure by urban authorities to expand social service infrastructure to match increasing population will result in new dimensions of poverty, calling for a new set of solutions.

16. Migration is prevalent in Cambodia, with an estimated 4.2 million predominantly internal migrants, of which 8.3 per cent are adolescents between the ages of 10 and 19 years (31 per cent female, 27 per cent male). Migration poses opportunities and challenges for the migrants as well as for their families, especially children.

17. Cambodia, increasingly vulnerable to climate change, which threatens its poverty-reduction achievements, is classified as the eighth most at-risk country in the world due to a significant exposure to natural hazards and limitations in coping capacities.[24] The country continues to be affected by landmines and unexploded ordnance following the protracted civil war.

18. Principally because of slow progress in reducing gender gaps in political empowerment, economic participation and opportunity, Cambodia is ranked 99 out of 144 countries in the 2017 Global Gender Gap report. While there has been progress in reducing gaps in education attainment, health and survival, certain social and cultural norms, attitudes and practices remain challenges.

19. Children with disabilities are especially invisible in mainstream development programming, a situation compounded by a lack of quality data. There is a need for early detection, inclusive education and social protection.

20. The evaluation of the community preschools initiative from the previous country programme noted the need for an effective holistic approach that considered health, nutrition, education, care and safe water, sanitation and good hygiene as key levers for ECD. The global evaluation of the nutrition programme concluded that UNICEF was uniquely well-positioned in Cambodia to provide leadership and to leverage partnerships to reduce stunting through its expertise, trust and initiative in knowledge generation.

21. UNICEF has an extensive history of promoting child rights in Cambodia through its longstanding collaboration with the Government and donors; sustainable partnerships and alliances with civil society; equity focus; and humanitarian experience; and its role as a knowledge broker. UNICEF is uniquely positioned to leverage public and private resources to ensure universal coverage of social assistance programmes.

22. The priorities will be achieved through five interdependent programme components: (a) health and nutrition; (b) WASH; (c) education; (d) child protection; and (e) policy and public financing for children.

[22] Cambodia Violence against Children Survey, 2013.
[23] See footnote 7.
[24] World Economic Forum, *The Global Risks Report 2017, 12th Edition* (Geneva, 2017).

Programme priorities and partnerships

23. The vision guiding the country programme is to contribute to national efforts so that all girls and boys, especially the most disadvantaged, progressively fulfil their basic rights to survival, care, protection and participation to reach their full potential.

24. Cambodia has high levels of multidimensional child poverty, particularly in remote rural and urban poor areas. The programme will address key bottlenecks that hamper access to quality social services and their use, including the poor enforcement of policies, insufficient public budget allocations, inadequate and poorly skilled human resources, disability inclusion and gender and social norms.

25. To increase access to and the equitable utilization of basic services, social policies and strategies need to be adequately funded and effectively implemented, monitored and evaluated. Service providers' capacity and accountability need to be strengthened at all levels, and communities need to increasingly demand accountability from decision-makers.

26. The main assumption is that the Government will continuously increase public budget allocations and expenditures for social services and social assistance that targets disadvantaged children. Key risks include the weak enforcement of policies and plans to deliver services that meet high quality standards as well uncertainty about future official development assistance (ODA).

27. The programme is clearly aligned with the Government's draft Rectangular Strategy 4 and National Strategic Development Plan (2014–2018) midterm review priorities and other sector policies as well as with the UNICEF Strategic Plan, 2018–2021.

28. The country programme is aligned with the United Nations Development Assistance Framework (UNDAF) 2019–2023, which is focused on four priority areas: the expansion of socioeconomic opportunities; sustainable living; the management of urbanization; and participation and accountability.

29. The country programme will work on three levels: (a) upstream: national; (b) midstream: subnational (provincial and district); and (c) downstream: community (parents, caregivers, service providers, children and adolescents). The geographical focus will be on north-eastern Cambodia, where socioeconomic indicators are worse than national averages, particularly for ECD, and continued presence in north-western areas, particularly for child protection and education.

30. UNICEF will expand gender-responsive interventions, such as scholarships to promote girls' education; menstrual hygiene management; the prevention of child marriage and teenage pregnancy; and male involvement in antenatal and child care, and will collect sex-disaggregated data where possible. The intergenerational transmission of violence against women and children will require a sharpened focus on preventing such violence.

31. The country programme will prioritize investment for in-depth knowledge and evidence generation and the use of disaggregated data on emerging and cross-cutting issues to better address the needs of children and adolescents in rural and urban areas, linked to ongoing discussions around the 2030 Agenda for Sustainable Development.

32. The programme will prioritize working with and for adolescents on positive discipline; child marriage and teenage pregnancy; relevant learning outcomes and skills development; vocational training; empowerment; and participation. Social and digital media will engage young women and men, providing them with the knowledge and platforms for participation the breaking of gender-related barriers.

33. The country programme will be implemented through five interrelated programme outcomes in partnership with the Government and civil society organizations (CSOs).

Health and nutrition

34. The health and nutrition component is aimed at ensuring that adolescents, pregnant women, mothers, newborns and children under the age of 5 years have increased equitable access to and use of quality health and nutrition services, especially in north-eastern Cambodia among ethnic minorities and the urban poor, including in emergencies.

35. UNICEF will support the National Health Strategic Plan III (2016–2020), which articulates the Government's commitment to the goal of universal health coverage and the Scaling Up Nutrition movement. It will also support the 2014–2020 fast-track road map for improving nutrition and the midterm evaluation of the 2017 national strategy for food security and nutrition (2014–2018).

36. The programme will prioritize greater alignment between policy, planning and national budgeting for high-impact health and nutrition interventions. It will support a legislative framework and effective policy enactment and enforcement. New policies will be developed regarding alcohol and cigarette purchase by minors; non-communicable diseases, including overweight prevention through possible sugar taxes, legislation on marketing and other food-policy initiatives that acknowledge the increasingly urban context in which Cambodians live. Regarding adolescent health and nutrition, strengthening the capacity of health professionals to respond to the health consequences of violence is an emerging component that will be developed and will include linkages with education and child protection programmes.

37. Technical assistance to the Ministry of Health will ensure that accountability systems and mechanisms are enhanced to equitably support high impact maternal and neonatal child health (MNCH) and nutrition interventions. This will be complemented by broadening collaboration with provincial departments for industry and handicraft to ensure the proper enforcement of legislation for food fortification and other food policies. More private-sector partnerships to improve the quality and pro-poor coverage of key MNCH and nutrition services will also be established.

38. UNICEF will support the strengthening of the capacity of service providers to deliver equitable quality and accessible essential adolescent, maternal and newborn care services, including nutrition, especially in north-eastern provinces and during emergencies. The capacity of families, communities and service providers will be enhanced to promote positive health and nutrition norms and behaviours among adolescents, pregnant and lactating women, men and communities.

39. The programme will continue to prioritize local authority engagement and improved accountability to ensure individual and communal buy-in and demand for adolescent, MNCH and nutrition services.

40. An evaluation of the integrated early childhood development (IECD) approach in the north-eastern provinces will be prioritized to provide key lessons learned for future IECD programming.

Water, sanitation and hygiene

41. The WASH component will contribute to ensuring that underserved children in remote north-eastern provinces and those in areas of high risk for arsenic in drinking water equitably use safer water and practice safer sanitation and hygiene, including during humanitarian situations, allowing children to live in a safer and cleaner environment and benefit from WASH-related health, nutrition and socioeconomic outcomes.

42. The WASH component will support the achievement of the national vision of universal access to WASH by 2025. Barriers to WASH progress for children include insufficient national budget allocations; limitations in decentralized coordination; insufficient data use; inequitable rural sanitation; and insufficient climate resilience and quality control. These will be addressed by strengthening national budgeting, regulatory, data and coordination systems;

providing catalytic support for continued efforts to reach an open-defecation free Cambodia by 2025; and modelling data-led, context-based, climate-resilient, pro-poor, accessible, child-sensitive and gender-inclusive WASH.

43. UNICEF will advocate for increased public funding for affordable sanitation and water supply; innovation and partnerships on climate-resilient sanitation and water supply; strengthening community, market and finance-based approaches to total sanitation to address open defecation; technical assistance to support the provision of disability accessible and age-appropriate WASH facilities in communities and schools; improved menstrual hygiene management facilities in schools; and better WASH in health facilities. Convergence with ECD programming, especially in the north-eastern provinces, will be strengthened.

Education

44. The education component will contribute to ensuring that girls and boys, including adolescents, especially the most disadvantaged, acquire knowledge and skills in an inclusive, equitable, safe, relevant and quality learning environment to complete pre-primary and primary education and to transition to lower secondary education.

45. UNICEF will provide technical support to the Ministry of Education, Youth and Sport at all levels to plan, execute and monitor results-based, gender-sensitive plans and budgets, in alignment with its Education Strategic Plan (2016–2018). This will help to address key bottlenecks, including a shortage of qualified teachers, especially for ECE and for children with disabilities; and weak classroom management capacity of school directors and teachers, including for positive discipline. UNICEF will seek to improve the capacity of preschool, primary and lower secondary school personnel to deliver inclusive, equitable, relevant and quality education services. The organization will support scholarships, better learning environments and accelerated learning, to return children to formal education and to assist them to stay in school, and will assist communities to demand accountability from local education administrators and service providers.

46. To minimize the impact on learning of natural disasters, UNICEF will build capacity in emergency preparedness and response within the education sector, including at the subnational and school levels.

47. Through its Education Sector Working Group and Joint Technical Working Group for education leadership roles, UNICEF will influence medium-term sector plans, such as the new medium-term Education Strategic Plan (2019–2023) and the Capacity Development Master Plan (2019–2023), coupled with the harmonization of the Joint Sector Review and the annual National Education Congress.

Child protection

48. The child protection component is aimed at ensuring that girls and boys, including adolescents, living with families and outside of family care are increasingly free from violence and the threat of violence in their homes, schools, communities and institutions.

49. The programme will strengthen the policies of Cambodia and the national child protection system so that the most marginalized children and adolescents progressively benefit from effective and inclusive child protection services, improved policies and laws and increased funding for child protection.

50. The programme is well aligned to the Government's development priorities and builds on the recent national frameworks for child protection, which include: the Action Plan to Prevent and Respond to Violence Against Children 2017–2021; the Action Plan for improving childcare by safely returning 30 per cent of children in residential care to their families 2016–2018; Juvenile Justice law 2016; the National Plan to Suppress Human

Trafficking 2017–2021; and Subdecree 34 on the transfer of key child protection functions to the subnational level.

51. UNICEF will support Government agencies and CSOs to strengthen parenting practices by innovating and taking initiatives to scale, including the Positive Discipline in Schools and Positive Parenting programmes; the roll-out of a clinical handbook for health professionals to identify and treat violence against children; and Cambodia PROTECT, a communications strategy to end violence against children and unnecessary family separation. UNICEF will support the design and roll-out of child- and family-friendly fostering and adoption guidelines and programmes and the oversight and regulation of residential institutions as part of larger efforts to strengthen systems and services for children outside of family care, including children in street situations and those at risk of trafficking and online sexual exploitation. UNICEF will work with multi-faith religious leaders through Cambodia PROTECT to address social norms and behaviours that put children at risk, including the implementation of a child safeguarding policy in all pagodas. UNICEF will also improve the capacity of the social service workforce to identify vulnerable children and women and provide prevention and response services in all districts, prioritizing poor urban and rural communities. Technical assistance and funding will be given to justice sector agencies to enable them to gain further knowledge, resources and authority to apply principles of child-friendly justice and juvenile crime prevention, while also supporting communities to demand and support legal protection for victims and alternatives to detention.

Policy and public financing for children

52. The policy and public financing component is aimed at ensuring that more children and adolescents in Cambodia, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.

53. The component is aimed at removing the bottlenecks driving multidimensional child poverty by contributing to: (a) the implementation of the National Social Protection Policy Framework 2016–2025 by providing technical support for the design and implementation of gender-sensitive and equity-focused social protection programmes with increased coverage; (b) the provision of technical assistance to the Ministry of Economy and Finance, social ministries and subnational administrations for the improved quality of programme budget formulation and execution for social services and social protection programmes; and (c) capacity development of line ministries and subnational administrations to effectively monitor and evaluate policy, programme and budget implementation and progress towards the Sustainable Development Goals.

54. The cross-sectoral nature of this component will bring together current capacities in the country office in the areas of health and nutrition, WASH, education and child protection, contributing to the achievement of broader UNICEF programme results.

Programme effectiveness

55. The programme effectiveness component ensures that the country programme is efficiently designed, monitored, managed, evaluated and supported to meet quality programming standards in achieving results. The component includes cross-sectoral support for ECD; gender; communication for development; emergency preparedness and response; disaster risk reduction and climate change adaptation; public advocacy, external communications and partnerships; planning, monitoring and evaluation; and supply, logistics and other operational support. The component facilitates the UNICEF country presence, enhancing the effectiveness of programmes at the subnational and national levels and promoting engagement with local government and non-State actors.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	4 524	11 477	16 001
WASH	2 307	10 711	13 018
Education	2 389	53 143	55 532
Child protection	3 600	19 200	22 800
Policy and public finance for children	6 136	1 282	7 418
Programme effectiveness	6 249	638	6 887
Total	**25 205**	**96 451**	**121 656**

Programme and risk management

56. The Ministry of Planning is the main coordinating body providing strategic direction for government cooperation with UNICEF. Through agreed work plans, UNICEF will work with relevant ministries at the national and subnational levels to ensure efficient and effective programme implementation, monitoring and reporting through midyear and annual reviews. An annual review of the UNDAF strategic management and achievements, clearly showing UNICEF contributions, will be undertaken.

57. A significant risk to the country programme formulation and implementation is that resources for long-term investments in children are reduced due to the continuing rapid decline in ODA; a slow-down in economic growth; low domestic tax revenue; corruption; a stalled decentralization process; and a reduced focus on integrated systems and social policies targeting the most vulnerable.

58. Key mitigation strategies will include an increased focus on social development and social protection as part of the national Rectangular Strategy 4, the National Social Protection Policy Framework (2016–2025) and sector policies and Cambodia Sustainable Development Goal localization. Additionally, UNICEF will strengthen communication and evidence-based advocacy with all stakeholders. Financial risks will be monitored through regular reviews of performance targets and risks and the strengthening of the harmonized approach to cash transfers assurance activities.

59. Cambodia continues to face natural and human-caused disasters. UNICEF will support the Government in risk-informed programming to strengthen coping and adaptive capacities. UNICEF will also support the operationalization of the national social protection policy framework to ensure community resilience to social, economic and natural shocks.

60. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

61. The results and resources framework forms the basis for monitoring programme results, supported by the costed evaluation plan for research, impact monitoring and evaluation. UNICEF monitors results for children through annual management plans, section work plans,

regular review meetings with implementing partners to assess progress, constraints and risks in the achievement of results and takes corrective measures to address identified bottlenecks, feeding into the results assessment module and country office annual report.

62. UNICEF, together with other United Nations agencies, will provide technical assistance to the strengthening of existing (health and education) and new (child protection and WASH) sector information systems to ensure the timely generation, analysis and use of reliable information at the national and subnational levels to plan and monitor country programme results, National Social Protection Policy Framework and Sustainable Development Goal targets. UNICEF will continue to strengthen the national monitoring and evaluation capacity of the Government and non-governmental organizations by promoting the use of real-time approaches and helping to strengthen the links between monitoring findings and sector reviews and feeding into the development of new policies and strategies in a more systematic way.

63. A midterm review will be conducted to inform necessary strategic shifts commensurate with the changing programme environment. The eTools platform will be deployed to strengthen work planning, partnership management and monitoring for results. Current support towards innovative, real-time data collection (e.g., digital monitoring of residential care institutions, child-friendly standards in education and an IECD longitudinal study) will continue to identify and address bottlenecks to children's access to social services.

64. For humanitarian action, UNICEF uses routine programme monitoring data from the Government and partners to complete country office humanitarian performance monitoring and situation reports in the event of large-scale emergencies.

65. A gender review of the country programme is planned for 2018. The results will optimize ways in which gender is mainstreamed across programme areas and identify where targeted interventions are required.

Annex

Results and resources framework

Cambodia — UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 6, 7, 18, 24, 27 and 28 **National priorities:** Sustainable Development Goals: 1–6, 8, 10, 11, 13, 16–18 (Mine Action) Rectangular Strategy 4 (2019–2023) and National Social Protection Policy Framework 2019–2023 (*under development*)
UNDAF outcomes involving UNICEF: Four priority areas: expanding socioeconomic opportunities; sustainable living; managing urbanization; and participation and accountability. **Outcome indicators measuring change that reflect UNICEF contribution** (*under development)*
Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1– 5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2023 pregnant women, mothers, newborns and children under the age of 5 years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies.	Number of boys and girls with severe acute malnutrition admitted for treatment by sex and age (national) B: 0 T: TBD	Ministry of Health National Nutrition Programme database	1.Strengthened accountability systems and frameworks to support the implementation of high-impact maternal, newborn and child health (MNCH) and nutrition interventions 2. Strengthened capacity to deliver equitable gender-responsive quality and accessible essential MNCH and nutrition services 3. Strengthened capacity to promote safe health and nutrition behaviours and practices	Ministries of Health; Planning; Industry and Handicraft United Nations agencies, GAVI Alliance, Scaling Up Nutrition	4 524	11 477	16 001
	Percentage of live births attended by skilled health personnel in the north-east province of Kratie B: 62.2% T: 85%	Cambodia Demographic and Health Survey, Household Income Survey, programme monitoring					
2. By 2023, underserved children equitably use safe water and practise safe sanitation and hygiene, including during humanitarian situations.	Proportion of people in rural areas who use household toilets B: 46% T: 79.8%	World Health Organization (WHO)/UNICEF Joint Monitoring Programme (JMP)	1. Strengthened capacity to plan, coordinate and monitor inclusive, quality, child-focused water, sanitation and hygiene services	Ministries of Rural Development; Health; Education; Industry and Handicraft Non-governmental	2 307	10 711	13 018

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UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Proportion of rural schools and health-care facilities with a functional water supply and sanitation and menstrual hygiene facilities B: 38% T: 76.8%	WHO/UNICEF JMP	2. Strengthened capacity to implement programmes to increase equitable access to basic sanitation and hygiene 3. Strengthened capacity to implement programmes to increase equitable access to safe and climate-resilient water supply	organizations (NGOs); private sector; Accelerating Sanitation and Water for All; World Bank Group; Department for International Development; Asian Development Bank (ADB); Global Sanitation Fund			
3. By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant and quality early childhood and basic education that promotes lifelong learning, including in emergencies.	Net enrolment of children (3–5 years) in early childhood education B: 40.90% (2016/2017) T: Education Strategic Plan targets TBC in 2018/2019	National Early Childhood Development Action Plan results framework, Educational Management Information System	1. Enhanced capacity to plan, execute and monitor results-based plans and budgets 2. Enhanced capacity to deliver gender-responsive equitable, inclusive, relevant and quality education 3. Increased capacity to demand accountability and relevant and quality education services	Ministries of Education, Youth and Sport; Economy and Finance; Interior; Cults and Religion; Women's Affairs European Union, Swedish International Development Cooperation Agency (SIDA), Global Partnerships for Education, United Nations Educational, Scientific and Cultural Organization, Institute for Statistics, World Bank Group, United States Agency for International Development, NGO Education Partnership of Cambodia, Voluntary Service Overseas, CARE International	2 389	53 143	55 532
	Results of the standardized national learning assessment for boys and girls (grades 3, 6 and 8) B: Grade 3: Khmer – 35.2%, mathematics – 41% (2015); Grade 6: Khmer – 52%, mathematics – 48.3% (2016) T: Grades 3,6 and 8 – TBC	Education Quality Assurance Department reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By 2023, girls and boys including adolescents, living with families and outside of family care are increasingly free from violence and exploitation and from the threat of violence and exploitation in their homes, schools and communities and in institutions, including during humanitarian situations.	Number of boys and girls, including adolescents, who have experienced violence reached by health, social or justice/law enforcement services B: 24,000 boys and girls T: 54,000 boys and girls	Ministries of Women's Affairs and Social Affairs; and Partnership Programme for the Protection of Children (3PC) progress reports Child Protection Management Information System	1. Strengthened capacity to formulate and implement child protection institutional and legal frameworks 2. Strengthened capacity to provide prevention and response child protection services 3. Strengthened capacity to implement at scale Positive Discipline, Positive Parenting and PROTECT child protection programmes	Ministries of Women's Affairs; Social Affairs, Veterans and Youth Rehabilitation; Interior; Justice; Health; Planning; Education, Youth and Sport 3PC, Open Institute, International Social Service, Children's Rights International, Legal Aid of Cambodia, Court of Appeal	3 600	19 200	22 800
	Percentage of boys and girls in contact with the justice and administrative bodies who are subject to a diversion order B: 0% T: 30%	Ministry of the Interior report					
5. By 2023, children and adolescents, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.	Number of children benefiting from government-financed cash transfer programmes B: 6,024 (female: 2,767; children with disabilities: 464 – disability allowance); 164,929 (92,147 girls) – scholarship (2017) T: 30,000 – disability allowance; 200,000 – scholarship	Ministries of Education, Youth and Sport and Social Affairs, Veterans and Youth Rehabilitation reports	1. Strengthened capacity to design gender-sensitive and equity-focused social protection programmes 2. Strengthened capacity for programme-based budget formulation, execution, monitoring and reporting 3. Strengthened capacity to formulate policies and plans to address multidimensional child poverty, with sound monitoring and evaluation systems	Ministries of Economy and Finance; Planning; Social Affairs, Veterans and Youth Rehabilitation; Interior; Education, Youth and Sport National Committee for Democratic Development, National Social Protection Council, International Labour Organization, World Food Programme, World Bank Group, ADB, European Union, SIDA, Deutsche Gesellschaft für Internationale Zusammenarbeit	6 136	1 282	7 418
	Proportion of national government non-wage recurrent budget allocated for programmes directly linked to multidimensional child poverty B: 3.5% (2017) T: 7% (2023)	Ministry of Economy and Finance programme budget book 2017					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
6. The country programme is efficiently designed, coordinated, managed and supported to meet quality results-based management standards and achieve results for children.	Proportion of evaluation recommendations implemented, closed and reported within 12 months of uploading B: 0 T: 100%	Evaluation Management Response Database	UNICEF staff and partners are provided the guidance, tools and resources to: (a) effectively plan, monitor and evaluate programmes; (b) effectively communicate, advocate and develop partnerships regarding child rights issues with stakeholders; and (c) apply strategies to address cross-cutting issues related to child rights.		6 249	638	6 887
	Digital engagement and total number of followers B: Engagement – 500,000; followers – 100,000 T: Engagement – 500,000 annually; followers – 200,000	Digital metrics					
Total resources					**25 205**	**96 451**	**121 656**

United Nations E/ICEF/2018/P/L.23

Economic and Social Council

Distr.: General
31 July 2018

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 7 (b) of the provisional agenda*

Extensions of ongoing country programmes

Note by the secretariat

Summary

In accordance with Executive Board decision 2009/11, this note informs the Executive Board of the two-month extension of the country programme for Niger and the first one-year extension of the country programme for Timor-Leste, both approved by the Executive Director.

The note further presents the reasons for the proposed one-year extensions of the country programmes for the Democratic Republic of the Congo and Liberia, following previous one-year extensions. The Executive Board is requested to approve these programme extensions.

Draft decision

The Executive Board

1. *Takes note* of the two-month extension of the country programme for Niger and the first one-year extension of the country programme for Timor-Leste, which were approved by the Executive Director and are presented in table 1;

2. *Approves* the one-year extensions of the country programmes for the Democratic Republic of the Congo and Liberia, following previous one-year extensions, as presented in table 2.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Table 1
First extensions of one year (or less) of ongoing country programmes approved by the Executive Director

UNICEF-supported country programme	*Original programme period*	*Year/period approved for extension*	*Reasons for the extension*
Niger	2014–2018	February 2019 *(two-month extension)*	– To align with the country's new national development plan based on which the United Nations country team in Niger decided to synchronize the time frame of the new United Nations Development Assistance Framework (UNDAF) 2019–2021. – To enable the UNICEF country programme to synchronize with the time frame of the new UNDAF 2019–2021.
Timor-Leste	2015–2019	2020 *(one-year extension)*	– To allow for alignment and coherence with the extension of the UNDAF through 2020, which has been approved by the Minister of Foreign Affairs and endorsed by the United Nations Sustainable Development Group (UNSDG) Asia-Pacific, and with the extension of the country programme documents (CPDs) of the other UNSDG agencies in Timor-Leste.

Table 2
Extensions of ongoing country programmes for which the approval of the Executive Board is requested

UNICEF-supported country programme	*Original programme period, including previous extensions*	*Year/period approved for extension*	*Reasons for the extension*
Democratic Republic of the Congo	2013–2018 (previously extended to 2018)	2019 *(one-year extension)*	– The Democratic Republic of the Congo is in a period of political transition, with presidential elections scheduled for 23 December 2018. – A one-year extension will allow UNICEF and the United Nations system to work with the new government in 2019, elaborating a five-year UNDAF and a new Government of the Democratic Republic of the Congo/UNICEF country programme of cooperation. – The extension will provide an opportunity to ensure greater alignment of country programme results with the UNICEF Regional Office for West and Central Africa 'Key Results for Children' and the UNICEF Strategic Plan, 2018–2021, by building on the country office's efforts since 2017 to improve effective coverage of five key interventions for children.
Liberia	2013–2018 (previously extended to 2018)	2019 *(one-year extension)*	– The extension will enable UNICEF to align its support with the Government's newly developed national development plan, which is expected to be ready by mid-2018. – The extension will enable UNICEF to align with the extension of the present UNDAF to end-2019, which has been approved by the Regional UNSDG. – With the UNDAF extension until 2019, the new UNDAF 2020–2024 is scheduled to be ready by the end of 2018 and UNICEF Liberia will be submitting a CPD covering 2020–2024 to the annual session of the Executive Board in June 2019.